

Georgia Government Transparency & Campaign Finance Commission

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS

FORM DOI

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

1	Today's Date: <u>January 30, 2018</u>	
2	Candidate (full name): <u>Juanita Upshaw</u> Address: <u>3021 Cusseta Road #12</u> City, State, Zip: <u>Columbus, Ga. 31903</u> Telephone (optional): <u>706-366-9984</u> Email: _____	
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>City Council district Three</u> <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <u>J.U.</u> <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Next Election Year: <u>2018</u>	

Complete sections 5 and 6 ONLY if you have a campaign committee.
This information does not register a campaign committee. (Please use Form RC to register.)

5	Campaign Committee Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email: _____
6	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email: _____

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Juanita Upshaw Jan. 30, 2018
 Signature of Candidate Date