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5-14-18
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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: 05/04/2018

2 Candidate (full name): LINDA JOYCE DARR
Address: 3912 CALVIN DR.
City, State, Zip: COLUMBUS, GA, 31904
Telephone (optional): (706) 888-0492 Email: darrcampaign@gmail.com

3 Select Office Type: State County Municipal
Name of Office Sought or Held: SUPERIOR COURT CLERK
(include district, post, or judicial circuit if applicable)

Party Affiliation (optional):
 Democrat Non Partisan
 Republican Other

4 Incumbent: Shasta S. Glover Next Election Year: 2018

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.

Linda J. Darr
Signature of Candidate

May 10, 2018
Date