

Q2006000148  
James

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>Dec. 2<sup>nd</sup> 2015</u>
2	Candidate (full name): <u>Marquese Kwame Averett</u> Address: <u>154 Wickham Dr.</u> City, State, Zip: <u>Columbus, GA 31907</u> Telephone (optional): <u>706-405-5785</u> Email: <u>MaverettLCV@gmail.com</u>
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>Council District 4</u> <small>(include district, post, or judicial circuit if applicable)</small>
Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other	
4	Incumbent: <u>Evelyn Turner Pugh</u> Next Election Year: <u>2016</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.

Marquese Kwame Averett  
Signature of Candidate

12/02/15  
Date