

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:	January 24, 2014	
2	Candidate (full name):	Naomi Buckner	
	Address:	620 Baxley Way	
	City, State, Zip:	Columbus, GA 31907	
	Telephone (optional):	(706) 575-7827	Email: nbuckner1@aol.com
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal	Party Affiliation (optional):	
	Name of Office Sought or Held: <u>Muscookee County School Board</u> <small>(include district, post, or judicial circuit if applicable)</small>	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other	
4	Incumbent:	Next Election Year: 2014	

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.

Naomi Buckner

Signature of Candidate

1-24-14

Date