

**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.

<b>1</b>	Today's Date: <u>6 March 2014</u>	
<b>2</b>	Candidate (full name): <u>Owen Thomas Ditchfield</u> Address: <u>P.O. Box 3232</u> City, State, Zip: <u>Columbus, GA, 31903</u> Telephone (optional): <u>706-687-2860</u> Email: <u>owenditchfield@att.net</u>	
<b>3</b>	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: _____ <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
<b>4</b>	Incumbent: <u>Cathy Williams</u>	Next Election Year: <u>2014</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.)

<b>5</b>	Campaign Committee Chairperson (full name): <u>Dr. Ronald Hudson</u> Address: <u>Columbus Clinic 610 19th St.</u> City, State, Zip: <u>Columbus, GA 31908</u> Email: <u>rhudsonrd@gmail.com</u>	
<b>6</b>	Treasurer (full name): <u>Brian Edward Ditchfield</u> Address: <u>6378 Blanchard Ct</u> City, State, Zip: <u>Columbus, GA 31909</u> Email: <u>bditchfield@gmail.com</u>	

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

Owen Ditchfield

Signature of Candidate

6 March '14

Date