

Q2006000148  
James  
10-6-17

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: 10-5-2017

2 Candidate (full name): DR. PHILIP T. SCHLEY  
Address: 2808 18th AVENUE  
City, State, Zip: COLUMBUS, GA 31901  
Telephone (optional): \_\_\_\_\_ Email: Ptschley1210@gmail.com

3 Select Office Type:  State  County  Municipal  
Name of Office Sought or Held: SCHOOL BOARD DISTRICT 8  
(include district, post, or judicial circuit if applicable)  
Party Affiliation (optional):  
 Democrat  Non Partisan  
 Republican  Other

4 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): CAMERON P. BEAN  
Address: 1715 N. DIXON DRIVE  
City, State, Zip: COLUMBUS, GA 31906  
Email: bean.cameronpratt@gmail.com

6 Treasurer (full name): JOHN JOEL LEE  
Address: 6143 SEATON DR  
City, State, Zip: COLUMBUS, GA 31909  
Email: j-lee@fabml.com

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

Ph. Schley  
Signature of Candidate

6 October 2017  
Date