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James
1-26-18

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: 26 JAN 2018

2 Candidate (full name): Robert Mathias Roth
 Address: 4844 Cedar Ridge Dr.
 City, State, Zip: Columbus, GA 31909
 Telephone (optional): 706-536-4465 Email: cbroth84@gmail.com

3 Select Office Type: State County Municipal
 Name of Office Sought or Held: District #6, MCSB
 (include district, post, or judicial circuit if applicable)

Party Affiliation (optional):
 Democrat Non Partisan
 Republican Other

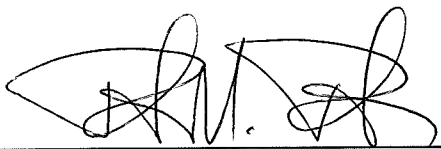
4 Next Election Year: 2018

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): _____
 Address: _____
 City, State, Zip: _____
 Email: _____

6 Treasurer (full name): _____
 Address: _____
 City, State, Zip: _____
 Email: _____

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



Signature of Candidate

26 January, 2018
Date