

# 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: 03-22-18

2 Candidate (full name): SHASTA DENISE GLOVER  
Address: 7840 LYNCH ROAD  
City, State, Zip: MIDLAND GA. 31820  
Telephone (optional): 762)822-1158 Email: SHASTA@SUPERIORCOURTCLERK@gmail.com

3 Select Office Type:  State  County  Municipal  
Name of Office Sought or Held: SUPERIOR COURT CLERK OF MUSCOGEE  
(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.

Shasta D. Glover  
Signature of Candidate

03-22-18  
Date