

Q 2006000148
Janet
4-11-18



Georgia Government Transparency & Campaign Finance Commission
200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

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: <u>4/11/2018</u>
2	Candidate (full name): <u>Shereen R. Greene</u> Address: <u>1318 - 21st St.</u> City, State, Zip: <u>Columbus ga 31901</u> Telephone (optional): <u>704 304 1868</u> Email: <u>greeneink@gmail.com</u>
3	Select Office Type: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>Clerk of Superior Court</u> <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
4	Next Election Year: <u>2018</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.)

5	Campaign Committee Chairperson (full name): <u>N/A</u> Address: _____ City, State, Zip: _____ Email: _____
6	Treasurer (full name): <u>N/A</u> Address: _____ City, State, Zip: _____ Email: _____

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

[Signature] 4/11/2018
 Signature of Candidate Date