

334 312 5813

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: 1 March 2018
2	Candidate (full name): <u>Toyia Tucker</u> Address: <u>216 Rie Ct B</u> City, State, Zip: <u>Columbus, GA 31907</u> Telephone (optional): _____ Email: <u>toyiatucker77@gmail.com</u>
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>School Board District 4</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	Incumbent: <u>Naomi Buckner</u> 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>Committee to Elect Toyia Tucker</u> Address: <u>216 Rie Ct</u> City, State, Zip: <u>Columbus, GA 31907</u> Email: <u>toyiatucker77@gmail.com</u>
6	Treasurer (full name): <u>Traci Youman</u> Address: <u>182 Madison Way</u> City, State, Zip: <u>Ellersie, GA 31807</u> Email: <u>traci.youman@yahoo.com</u>

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

[Signature]
Signature of Candidate

1 March 2018
Date

ELECTRONIC FILING ACCESS CODE APPLICATION

Forms must be mailed or hand delivered to:
Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Ave S.E. / Suite 1402 – West Tower / Atlanta, GA 30334

This form will allow the Commission to grant access to its online e-Filing system by emailing you a Filer ID and Password.

INCOMPLETE FORMS WILL NOT BE PROCESSED. IF FORM IS HANDWRITTEN, IT MUST BE LEGIBLE. PLEASE PRINT.

Select Form Type: Original Amended
I AM A: Candidate Public Officer Lobbyist Non Candidate Committee
 Qualifying Officer: Filing Office _____
 Vendor Gift: Vendor Name _____

Name/Contact: Toyia Tucker
Office/Title: School Board District 4
Address: 216 Ric Ct
City, State, Zip: Columbus, GA 31907
Telephone: 334 3125813 Fax: _____
Email Address: ToyiaTucker77@gmail.com

Initial

I understand that with the filing of this application a Filer ID & password will be sent to my above email address. I understand this confidential PIN number assigned to the above named person and only the Commission staff and the listed person will have access to this confidential number.

Verification Must Be Notarized

State of Georgia _____, County of Muscogee _____

I, the undersigned do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any lobbyist report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE: _____

NOTARY PUBLIC (SIGN NAME): _____

PRINT NOTARY'S NAME: _____

My Commission Expires: _____

This document was sworn to or affirmed and subscribed before me on _____

For Office Use Only

Filer ID:

Approved By: _____ Date: _____