

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: 03/06/2014	
2	Candidate (full name): <u>Victor M. Morales</u> Address: <u>1438 Foxcroft Loop</u> City, State, Zip: <u>Columbus</u> , <u>Georgia</u> , <u>31904</u> Telephone (optional): <u>(706) 289-4992</u> Email : <u>victor.morales@pw.utc.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 District 2</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>John wells</u>	Next Election Year: <u>2014</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): _____ 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

3/7/14

 Date