

8-24-2017
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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: <u>8/24/17</u>
2	Candidate (full name): <u>Waleisah Shanell Wilson</u> Address: <u>1145 Peabody Ave #203</u> City, State, Zip: <u>Columbus, GA 31904</u> Telephone (optional): <u>706 332 5760</u> Email: <u>waleisahwilson@gmail.com</u>
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other Name of Office Sought or Held: <u>City Council district 7</u> <small>(include district, post, or judicial circuit if applicable)</small>
4	Incumbent: <u>Evelyn Woodson</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): _____ Address: _____ City, State, Zip: _____ Email: _____
6	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email: _____

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

Waleisah S. Wilson
Signature of Candidate

8/24/17
Date