

Collecting money

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: _____

2 Candidate (full name): WINFRED SHIPMAN JR
Address: 6324 ABBEY DR.
City, State, Zip: COLUMBUS GA. 31909
Telephone (optional): 706-442-7296 Email: NA

3 Select Office Type: State County Municipal
Name of Office Sought or Held: _____
(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.

Winfred Shipman Jr
Signature of Candidate

MAR 12 2018
Date