

## 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.**

<b>1</b>	Today's Date: <u>3/9/2018</u>		
<b>2</b>	Candidate (full name): <u>Zephaniah Dwayne Baker</u> Address: <u>1091 Bolton Ct</u> City, State, Zip: <u>Columbus, GA 31906</u> Telephone (optional): <u>706-587-3906</u> Email: <u>zephbaker@gmail.com</u>		
<b>3</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">                             Select Office Type:   <input type="checkbox"/> State   <input checked="" type="checkbox"/> County   <input type="checkbox"/> Municipal                              Name of Office Sought or Held: <u>Mayor</u>  <small>(include district, post, or judicial circuit if applicable)</small> </td> <td style="width: 30%; padding-left: 20px;">                             Party Affiliation (optional):  <input type="checkbox"/> Democrat   <input checked="" type="checkbox"/> Non Partisan  <input type="checkbox"/> Republican   <input type="checkbox"/> Other                         </td> </tr> </table>	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>Mayor</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
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<b>4</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Incumbent: <u>N/A</u></td> <td style="width: 30%; text-align: right;">Next Election Year: <u>2018</u></td> </tr> </table>	Incumbent: <u>N/A</u>	Next Election Year: <u>2018</u>
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**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.)**

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

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

Z Baker

Signature of Candidate

3/9/2018

Date