

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): _____ Address: _____ City, State, Zip: _____ Telephone (optional): _____ Email : _____	
3	Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: _____ (include district, post, or judicial circuit if applicable)	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Incumbent: _____	Next Election Year: _____

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

Date