



**Georgia Government Transparency & Campaign Finance Commission**  
 200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

**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:  Statewide  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: \_\_\_\_\_

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