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: ☐ 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 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

STATEWIDE STATE LEVEL FILERS MAIL TO:
Georgia Government Transparency and Campaign Finance Commission | 200 Piedmont Avenue S.E. | Suite 1402 - West Tower | Atlanta Georgia, 30334

LOCAL LEVEL FILERS: file with your local filing entity.