



**Georgia Government Transparency and Campaign Finance Commission**  
**DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS**

**Form DOI**

<b>1</b>	Today's Date: _____	
<b>2</b>	Candidate (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ E-Mail: _____	
<b>3</b>	Select Office Type: _____ Name of Office Sought: _____ (include district, post or judicial circuit, if applicable)	Party Affiliation (Optional): _____
<b>4</b>	Incumbent Name: _____	Election Year: _____

Complete additional information below **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: _____ E-Mail: _____	
<b>6</b>	Treasurer (Full Name): _____ Address: _____ City, State, Zip: _____ E-Mail: _____	

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

\_\_\_\_\_

Signature of Candidate

\_\_\_\_\_

Date