



**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) –  
 COUNTY/MUNICIPAL LEVEL FILERS**

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

<b>1</b>	Today's Date: _____
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<b>2</b>	Candidate (full name): _____  Address: _____  City, State, Zip: _____  Telephone (optional): _____ Email: _____
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<b>3</b>	Name County/City: _____  Name of Office Sought or Held: _____ (include office, district, post, or judicial seat)	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non-Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
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<b>4</b>	Next Election Year: _____
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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 : _____
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<b>6</b>	Treasurer (full name): _____  Address: _____  City, State, Zip: _____  Email : _____
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I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

\_\_\_\_\_  
 Signature of Candidate \_\_\_\_\_ Date

**COUNTY/MUNICIPAL FILERS:** File this form directly with the Local Filing Officer in your county and/or municipality  
**LOCAL FILING OFFICERS:** Send a copy via email to [localreports@ethics.ga.gov](mailto:localreports@ethics.ga.gov)