



**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: _____	
<b>2</b>	Candidate (full name): _____  Address: _____  City, State, Zip: _____  Telephone (optional): _____ Email: _____	
<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
<b>4</b>	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.)

<b>5</b>	Campaign Committee Chairperson (full name): _____  Address: _____  City, State, Zip: _____  Email : _____
<b>6</b>	Treasurer (full name): _____  Address: _____  City, State, Zip: _____  Email : _____

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)