



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) - STATE/STATEWIDE FILERS**

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

STATEWIDE/STATE LEVEL FILERS: File this form directly with the Campaign Finance Commission via mail or hand-delivery

1 Today's Date: _____

2 Candidate (full name): _____
Address: _____
City, State, Zip: _____
Telephone (optional): _____ Email: _____

3 Select Office Type: Statewide State
Name of Office Sought or Held: _____
(include office, district, post, or judicial seat)
Party Affiliation (optional):
 Democrat Non-Partisan
 Republican Other

4 Next Election Year: _____

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

Signature of Candidate

Date

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