

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) INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible. Today's Date: Candidate (full name): Address: City, State, Zip: Telephone (optional): Email: 3 Party Affiliation (optional): Select Office Type: Statewide ☐ State County ⊔Municipal Name of Office Sought or Held: Republican Other (include district, post, or judicial circuit if applicable) 4 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