Filer ID:



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. Today's Date: Candidate 2 (full name): Address: City, State, Zip: Email: Telephone (optional): Party Affiliation (optional): COM Name County/City: Democrat Non-Partisan Name of Office Sought or Held: oun Republican Other (include office, district, post, or judicial seat) 2026 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.