



DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS (FORM DOI) – COUNTY/MUNICIPAL LEVEL FILERS

1	Today's Date: _____	
2	Candidate (full name): _____ Address: _____ City, State, Zip: _____ Telephone (optional): _____ Email: _____	
3	Name County/City: _____ 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: _____	

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 :	_____

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