



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.

1	Today's Date: <u>12 JANUARY 2023</u>	
2	Candidate (full name): <u>CASSANDRA LYNN BROWN</u> Address: <u>5883 BROOKMERE PARK DR</u> City, State, Zip: <u>MABLETON, GA 30126</u> Telephone (optional): _____ Email: <u>CASSANDRA4MABLETON@GMAIL.COM</u>	
3	Name County/City: <u>COBB / MABLETON</u> Name of Office Sought or Held: <u>MABLETON CITY COUNCIL</u> (include office, district, post, or judicial seat) <u>DISTRICT 4</u>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Next Election Year: <u>2023</u>	

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.

Cassandra Lynn Brown  
Signature of Candidate

12 JAN 2023  
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)