



**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.

RECEIVED  
COBB COUNTY  
BOARD OF ELECTIONS  
AND REGISTRATION  
JAN 13 PM 1:44

|          |  |   |
|----------|--|---|
| <b>1</b> | Today's Date: <b>January 04, 2023</b>  |   |
| <b>2</b> | Candidate (full name): <b>Patricia Jean Auch</b><br>Address: <b>4772 Brent Ct SE</b><br>City, State, Zip: <b>Mableton, GA, 30126</b><br>Telephone (optional): _____ Email: <b>pjauch07@gmail.com</b> |   |
| <b>3</b> | Name County/City: <b>Cobb County /Mableton</b><br>Name of Office Sought or Held: <b>Mableton City Council District 004</b><br>(include office, district, post, or judicial seat)                     | Party Affiliation (optional):<br><input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non-Partisan<br><input type="checkbox"/> Republican <input type="checkbox"/> Other |
| <b>4</b> | Next Election Year: <b>March 21, 2023</b>  |   |

**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.)**

|          |   |
|----------|---|
| <b>5</b> | Campaign Committee Chairperson (full name): _____<br>Address: _____<br>City, State, Zip: _____<br>Email : _____ |
| <b>6</b> | Treasurer (full name): _____<br>Address: _____<br>City, State, Zip: _____<br>Email : _____                      |

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

*Patricia Auch*

Signature of Candidate

**January 04, 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)