



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:		
2	Candidate (full name):	<u>Ronnie Stewart Davis</u>	
	Address:	<u>1146 Summerstone Trac</u>	
	City, State, Zip:	<u>Austell, GA 30168</u>	
	Telephone (optional):	_____	Email: _____
3	Name County/City:	<u>Cobb / Austell</u>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non-Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
	Name of Office Sought or Held:	<u>City Council - Post 1</u> <small>(include office, district, post, or judicial seat)</small>	
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.

Signature of Candidate

1-19-23
 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