



# 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  
JAN 20 2023  
PM 3:29  
COUNTY  
CLERK OF SUPERIOR COURT  
AND REGISTRATION

1	Today's Date: <u>1/20/23</u>	
2	Candidate (full name): <u>William Wilson</u> Address: <u>700 Old Alabama Rd.</u> City, State, Zip: <u>Mableton, GA 30126</u> Telephone (optional): <u>678-373-9490</u> Email: <u>WWilsonW@gmail.com</u>	
3	Name County/City: <u>Cobb / Mableton</u> Name of Office Sought or Held: <u>Council Seat 3</u> (include office, district, post, or judicial seat)	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.

WWilson

Signature of Candidate

1-20-23

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](mailto:localreports@ethics.ga.gov)