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Fulton County
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W.H. J.

Director of Registration
Director of Registration
and Elections

Georgia Government Transparency & Campaign Finance Commission

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS

FORM DOI

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

1	Today's Date: <u>05/13/2013</u>	
2	Candidate (full name): <u>WHITE, Tommy Marshall</u> Address: <u>3840 Kenner Drive SW</u> City, State, Zip: <u>Atlanta</u> Telephone (optional): <u>(404) 505-8514</u> Email: <u>Marswhite@hotmail.com</u>	
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>Office of Fulton County Sheriff</u> <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Incumbent: <u>N/A</u>	Next Election Year: <u>2016</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): <u>None</u> Address: _____ City, State, Zip: _____ Email: _____	
6	Treasurer (full name): <u>None</u> Address: _____ City, State, Zip: _____ Email: _____	

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

tommy.white@faa.gov
Digitally signed by tommy.white@faa.gov
DN: cn=tommy.white@faa.gov
Date: 2015.02.03 07:15:46 -05'00'
Signature of Candidate

05/30/2013
Date