

Georgia Government Transparency & Campaign Finance Commission
 DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS
FORM DOI

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 Fulton County
 JAN 27 REC'D

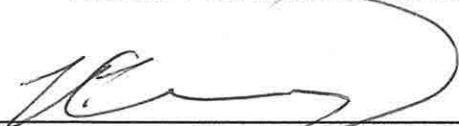
INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible
 Director of Registration and Elections

1	Today's Date: January 26, 2015	
2	Candidate (full name): Walter Munzi Calloway Address: 3033 Tribble Ln NW City, State, Zip: Atlanta, GA 30311 Telephone (optional): (404) 914-0838 Email : munzical623@hotmail.com	
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: Fulton County Sheriff (include district, post, or judicial circuit if applicable)	Party Affiliation (optional): <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Incumbent: Ted Jackson	Next Election Year: 2016

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): Chris Bennett Address: 2743 Jacanar Lane City, State, Zip: Atlanta, GA 30331 Email : cbenjr@hotmail.com	
6	Treasurer (full name): Danikas Todd Address: 11 Delmoor Dr NW City, State, Zip: Atlanta, GA 30311 Email : dltodd071@att.net	

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


 Signature of Candidate

01/26/2015

Date

STATEWIDE STATE LEVEL FILERS MAIL TO:

Georgia Government Transparency and Campaign Finance Commission | 200 Piedmont Avenue S.E. | Suite 1402 - West Tower | Atlanta Georgia, 30334

LOCAL LEVEL FILERS: file with your local filing entity.