

# 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.

<b>1</b>	Today's Date: <b>August 09, 2015</b>	
<b>2</b>	Candidate (full name): <u>Keith Elliott Gammage</u> Address: <u>763 Commonwealth Ave., S.E.</u> City, State, Zip: <u>Atlanta, Georgia 30312</u> Telephone (optional): _____ Email : <u>attorneygammage@gmail.com</u>	
<b>3</b>	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>Fulton County Solicitor General</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
<b>4</b>	Incumbent: <b>Ms. Carmen Smith</b>	Next Election Year: <b>2016</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): _____ Address: _____ City, State, Zip: _____ Email : _____
<b>6</b>	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email : _____

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

*Keith Elliott Gammage*  
 Signature of Candidate

August 09/2015  
 Date

**RECEIVED**

AUG 13 2015  
12:38 PM