

Georgia Government Transparency & Campaign Finance Commission

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS **RECEIVED**

FORM DOI

Fulton County

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible. **AUG 19 2015 MSC**

1	Today's Date: August 19, 2015	Director of Registrations And Elections
2	Candidate (full name): <u>James Gabriel "Gabe" Banks</u> Address: <u>644 Eloise Street SE</u> City, State, Zip: <u>Atlanta, Georgia 30312</u> Telephone (optional): <u>(678) 330-0245</u> Email: <u>jgabriel.banks1031@gmail.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>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
4	Incumbent: Ms. Carmen Smith	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): _____ 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

8/19/15

 Date