

RECEIVED
Fulton County

Georgia Government Transparency & Campaign Finance Commission
 DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS
FORM DOI
 Director of Registrations
 And Elections

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

1	Today's Date: <u>Sept. 11, 2015</u>	
2	Candidate (full name): <u>Eddie Lee Brewster</u> Address: <u>570 22 Peachtree Center</u> City, State, Zip: <u>Atlanta, GA 30343</u> Telephone (optional): <u>(404) 983-1516</u> Email: <u>eddieleebrewster@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>Commissioner</u> (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: <u>Garner</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): _____ Address: _____ City, State, Zip: _____ Email: _____	
6	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email: _____	

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

Signature of Candidate

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.