

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

SEP 16 2015

Director of Registrations
And Elections

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

1	Today's Date: <u>9/16/15</u>
2	Candidate (full name): <u>CLINTON KEITH RUCKER</u> Address: <u>400 PEYOR STREET # 3401</u> City, State, Zip: <u>ATLANTA, GA 30302</u> Telephone (optional): <u>404.645.9931</u> Email: <u>CLINTONRUCKERESQ@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>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: <u>NO CARMEN SMITH</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>SHAUNYA CHAVIS RUCKER</u> Address: <u>400 PEYOR STREET # 3401</u> City, State, Zip: <u>ATLANTA, GA 30302</u> Email: <u>CLINTONRUCKERESQ@GMAIL.COM</u>
6	Treasurer (full name): <u>PAUL EUGENE CAMPBELL</u> Address: <u>3930 SWEETWATER PKWY.</u> City, State, Zip: <u>EMERWOOD, GA 30294</u> Email: <u>PAUL7746@BESOUTH.NET</u>

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

Signature of Candidate

9/16/15

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.

Georgia Government Transparency & Campaign Finance Commission

REGISTRATION FORM FOR A CANDIDATES CAMPAIGN COMMITTEE

Any substantive changes to the registration information of a committee must be updated within 7 business days

FORM RC

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1	Today's Date: <u>9/16/15</u> Select Form Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended
2	Committee (Full Name): <u>COMMITTEE TO ELECT CLINTON RUCKER 2016</u> Address: <u>400 PEYOR STREET #3401</u> City, State, Zip: <u>ATLANTA, GA 30302</u> Telephone Number (optional): <u>404-645-9931</u> Email: <u>CLINTONRUCKERESA@GMAIL.COM</u>
3	Campaign Committee Chairperson (full name): <u>SHAUNYA CHAVIS RUCKER</u> Address: <u>400 PEYOR STREET #3401</u> City, State, Zip: <u>ATLANTA, GA 30302</u> Email: <u>CLINTONRUCKERESA@GMAIL.COM</u>
4	Treasurer (full name): <u>PAUL EUGENE CAMPBELL</u> Address: <u>3930 SWEETWATER PARKWAY</u> City, State, Zip: <u>EVENWOOD, GA 30294</u> Email: <u>PAUL7746@BESOUTH.NET</u>
5	Candidate (full name): <u>CLINTON KEITH RUCKER</u> Address: <u>400 PEYOR STREET #3401</u> City, State, Zip: <u>ATLANTA, GA 30302</u> Email: <u>CLINTONRUCKERESA@GMAIL.COM</u>
6	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>SOLICITOR GENERAL</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
7	Incumbent: <u>CARMEN SMITH</u> Next Election Year: <u>2016</u>

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

Signature of Person Registering Committee

9/16/15

Date