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CFC Form DOI Rev 02/2020 LOCAL

Filer ID: _____

Georgia Government Transparency & Campaign Finance Commission
200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS (FORM DOI) – COUNTY/MUNICIPAL LEVEL FILERS

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

1 Today's Date: 08/18/21

2 Candidate (full name): ABU BAKKAR JALLOH

Address: 15307 JEFFERSON CREEK DRIVE

City, State, Zip: ALPHARETTA GA 30005

Telephone (optional): 813-294-2512 Email: Jalloh alpharetta1@gmail.

3 Name County/City: FULTON / ALPHARETTA

Name of Office Sought or Held: 2
(include office, district, post, or judicial seat)

Party Affiliation (optional):
☐ Democrat ☑ Non-Partisan
☐ Republican ☐ Other

4 Next Election Year:

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: _____ Date: 08/18/21

COUNTY/MUNICIPAL FILERS: File this form directly with the Local Filing Officer in your county and/or municipality
LOCAL FILING OFFICERS: Send a copy via email to localreports@ethics.ga.gov