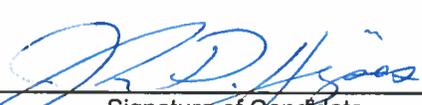
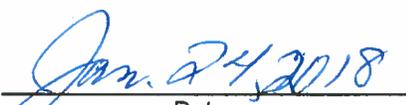


Georgia Government Transparency & Campaign Finance Commission
DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS
FORM DOI

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

1	Today's Date:	January 24, 2018		
2	Candidate (full name):	John David Hipes		
	Address:	12295 Dancliff Trace		
	City, State, Zip:	Alpharetta, GA 30009		
	Telephone (optional):	770-664-6699	Email:	jhipes@hbilawfirm.com
3	Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal	Name of Office Sought or Held: Alpharetta City Council, Post 4 <small>(include district, post, or judicial circuit if applicable)</small>		Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Next Election Year:	2018		
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):	William Perkins		
	Address:	4901 Hunters Oak Lane		
	City, State, Zip	Alpharetta, GA 30009		
	Email :	williamaperkins@att.net		
6	Treasurer (full name):	Roger Santi		
	Address:	Santi & Associates, PC		
	City, State, Zip	3970 Old Milton Parkway, Suite 200, Alpharetta, GA 30005		
	Email :	roger@santipc.com		
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.				
 _____ Signature of Candidate		 _____ Date		