

## 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.

<b>1</b>	Today's Date: <u>2/19/18</u>		
<b>2</b>	Candidate (full name): <u>Karen A. Richard</u> Address: <u>11680 Dancliff Trace</u> City, State, Zip: <u>Alpharetta GA 30009</u> Telephone (optional): <u>7706553259</u> Email: <u>karen.richard@comcast.net</u>		
<b>3</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">                     Select Office Type:    <input type="checkbox"/> State    <input type="checkbox"/> County    <input checked="" type="checkbox"/> Municipal                      Name of Office Sought or Held: <u>Post 3 City Council</u>  <small>(include district, post, or judicial circuit if applicable)</small> </td> <td style="border: none; vertical-align: top; padding-left: 20px;">                     Party Affiliation (optional):  <input type="checkbox"/> Democrat    <input checked="" type="checkbox"/> Non Partisan  <input type="checkbox"/> Republican    <input type="checkbox"/> Other                 </td> </tr> </table>	Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal Name of Office Sought or Held: <u>Post 3 City Council</u> <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
Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal Name of Office Sought or Held: <u>Post 3 City Council</u> <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		
<b>4</b>	Next Election Year: <u>2018 (special election)</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.)

<b>5</b>	Campaign Committee Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email: _____
<b>6</b>	Treasurer (full name): <u>Raphael Pilato Leach</u> Address: <u>115 Ardsley Lane</u> City, State, Zip: <u>Alpharetta, GA 30005</u> Email: <u>rp.leach61@gmail.com</u>

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

Signature of Candidate

2/19/18

Date