Filer	ID:
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Georgia Government Transparency & Campaign Finance Commission 200 Pledmont 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. 5/2/121 Today's Date: Candidate (full name): Address: GA 30009 City, State, Zip: Email: Drian@wrig Telephone (optional): Party Affiliation (optional): Georgia Name County/City: FULTON Non-Partisan Democrat Name of Office Sought or Held: Q\0\0\0\0\0\0 Republican DOther (include office, district, post, or judicial seat) 4 Next Election Year: 2021 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.) Campaign Committee Chairperson (full name): Street Address: 30009 City, State, Zip Email: 6 Treasurer (full name): Carmel Church W Address: City, State, Zip Email: I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

nature of Candidate