




**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) - STATE/STATEWIDE FILERS**

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

**STATEWIDE/STATE LEVEL FILERS:** File this form directly with the Campaign Finance Commission via mail or hand-delivery

<b>1</b>	Today's Date: <b>08/31/23</b>	
<b>2</b>	Candidate (full name): <u>Daniel Blair Merkel</u> Address: <u>1775 Ridge Oak Place</u> City, State, Zip: <u>Alpharetta, GA 30022</u> Telephone (optional): <u>404-513-9814</u> Email: <u>dmerkel@southernstatesinsurance.com</u>	
<b>3</b>	Select Office Type: <input type="checkbox"/> Statewide <input type="checkbox"/> State Name of Office Sought or Held: <u>Alpharetta City Council Post 6</u> (include office, district, post, or judicial seat)	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: _____	
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">             _____            Signature of Candidate         </div> <div style="text-align: center;"> <u>8-31-23</u>            _____            Date         </div> </div>		

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