



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: **3/10/2022**

2 Candidate (full name): **Fergal Brady**  
Address: **511 Veranda Court**  
City, State, Zip: **Alpharetta, GA 30009**  
Telephone (optional): \_\_\_\_\_ Email: **bradyfergal@gmail.com**

3 Name County/City: **Fulton / Alpharetta** Party Affiliation (optional):  
Name of Office Sought or Held: **City Council Post 5**  
(include office, district, post, or judicial seat)  Democrat  Non-Partisan  
 Republican  Other

4 Next Election Year: **2023**

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

**3/17/2023**  
\_\_\_\_\_  
Date

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](mailto:localreports@ethics.ga.gov)

received 3/17/2023 *Lauren Shapiro*