State Ethics Commission

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS

Form DOI

1 Today's Date:

2
Candidate (Full Name): _____

Address: _____

City, State, Zip: _____

Telephone Number (Optional): _____ and/or _____

3
Name of Office Sought (include district, post or judicial circuit, if applicable)

State: _____

County: _____

Municipal: _____

Party Affiliation (Optional):

- ☐ Democrat
- ☐ Republican
- ☐ Non Partisan
- ☐ Other _____

4 Incumbent Name:

Election Year:

Complete additional information below ONLY if you have a campaign committee.
This information does not register a campaign committe. (Please use Form RC to do so.)

5
Campaign Committee Chairperson (Full Name): _____

Address: _____

City, State, Zip: _____

6
Treasurer (Full Name): _____

Address : _____

City, State, Zip: _____

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

_____ Signature of Candidate

_____ Date

MAIL TO : THE APPROPRIATE FILING OFFICER