

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.

1 Today's Date: **March 8, 2016**

2 Candidate (full name): Eric Maxwell
Address: 225-A South Glynn St.
City, State, Zip: Fayetteville GA 30214
Telephone (optional): (770) 461-1461 Email : eric@erickmaxwell.com

3 Select Office Type: State County Municipal
Name of Office Sought or Held: County Commission Post 1
(include district, post, or judicial circuit if applicable)
Party Affiliation (optional):
 Democrat Non Partisan
 Republican Other

4 Incumbent: **David Barlow** Next Election Year: **2016**

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 : _____
Have been scanned + emailed to Ethics

6 Treasurer (full name): _____
Address: _____
City, State, Zip _____
Email : _____

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

Eric Maxwell

Digitally signed by Eric Maxwell
Date: 2016.03.08 14:07:35 -05'00'

03/08/2016

Signature of Candidate

Date