

## Georgia Government Transparency & Campaign Finance Commission

### DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS

# FORM DOI

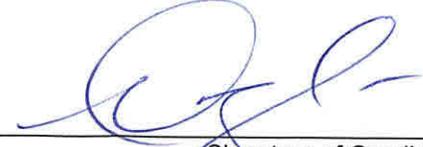
INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

<b>1</b>	Today's Date: <u>3/6/14</u>		
<b>2</b>	Candidate (full name): <u>DeAndre S. Pickett</u> Address: <u>2900 Laurel Ridge Way # 10105</u> City, State, Zip: <u>EAST POINT, GA 30344</u> Telephone (optional): <u>404-987-1655</u> Email: <u>deandre@aspickett.org</u>		
<b>3</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">                     Select Office Type:    <input type="checkbox"/> State    <input checked="" type="checkbox"/> County    <input type="checkbox"/> Municipal                      Name of Office Sought or Held: <u>District 6 Fulton County B&amp;E</u>  <small>(include district, post, or judicial circuit if applicable)</small> </td> <td style="width: 30%; border: none; vertical-align: top;">                     Party Affiliation (optional):  <input type="checkbox"/> Democrat    <input checked="" type="checkbox"/> Non Partisan  <input type="checkbox"/> Republican    <input type="checkbox"/> Other                 </td> </tr> </table>	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>District 6 Fulton County B&amp;E</u> <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>District 6 Fulton County B&amp;E</u> <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other		
<b>4</b>	Incumbent: <u>Catherine E. Maddox</u> Next Election Year: <u>2014</u>		

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.)

<b>5</b>	Campaign Committee Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email: _____
<b>6</b>	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email: _____

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

 _____ Signature of Candidate	<u>3/6/14</u> _____ Date
--	--------------------------------