

Georgia Government Transparency & Campaign Finance Commission
DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS
FORM DOI

FEB 27 2014
2:30pm
Director of Registrations
And Elections

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

1	Today's Date: <u>02-27-14</u>
2	Candidate (full name): <u>Earl Leslie Cooper</u> Address: <u>412 Linden Ave NE</u> City, State, Zip: <u>Atlanta GA 30308</u> Telephone (optional): <u>404317-1228</u> Email: <u>VoteEarlCooper@gmail.com</u>
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>County Commissioner dist 7</u> <small>(include district, post, or judicial circuit if applicable)</small>
	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Incumbent: _____ Next Election Year: _____

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: _____
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6	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email: _____
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I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Earl S. Cooper
Signature of Candidate

02-27-14
Date