

**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>2/28/14</u>	
<b>2</b>	Candidate (full name): <u>Catherine M. Reeves</u> Address: <u>4165 Big Creek Overlook</u> City, State, Zip: <u>Alpharetta, GA 30005</u> Telephone (optional): _____ Email: <u>katiereevesreliv@gmail.com</u>	
<b>3</b>	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>Fulton County Board of Education District 2</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 M. Reeves</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

2/28/14  
Date

STATEWIDE STATE LEVEL FILERS MAIL TO:

Georgia Government Transparency and Campaign Finance Commission | 200 Piedmont Avenue S.E. | Suite 1402 - West Tower | Atlanta Georgia, 30334

LOCAL LEVEL FILERS: file with your local filing entity.