

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: Feb. 5, 2014

2 Candidate (full name): Eddie Lee Brewster
Address: 57022 Peachtree Center
City, State, Zip: Atlanta, GA 30343
Telephone (optional): (404) 983-1510 Email: eddielee@brensk.com

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

4 Incumbent: NONE Next Election Year: 2014

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 : _____

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

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

Eddie Lee Brewster
Signature of Candidate

2/5/14
Date