

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:	2/14/14	
2	Candidate (full name):	Cory Ruth	
	Address:	3535 Peachtree Rd, Ste 520-109	
	City, State, Zip:	Atlanta, GA 30326	
	Telephone (optional):	404.563.6249	Email: <u>cory@votecoryruth.com</u>
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal	Party Affiliation (optional):	
	Name of Office Sought or Held: <u>Fulton County Commission^{D3}</u> (include district, post, or judicial circuit if applicable)	<input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan	<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other
4	Incumbent: <u>open</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.)

5	Campaign Committee Chairperson (full name):	Kathleen Ruth	
	Address:	3535 Peachtree Rd, Ste 520-109	
	City, State, Zip:	Atlanta, GA 30326	
	Email:	drkayruth@icloud.com	
6	Treasurer (full name):	Kathleen Ruth	
	Address:	3535 Peachtree Rd, Ste 520-109	
	City, State, Zip:	Atlanta, GA 30326	
	Email:	drkayruth@icloud.com	

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



 Signature of Candidate

2/14/14

 Date