



Georgia Government Transparency & Campaign Finance Commission
200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

**DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS (FORM DOI) –
COUNTY/MUNICIPAL LEVEL FILERS**

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

1	Today's Date: _____	
2	Candidate (full name): <u>Marquese K. Averett</u> Address: <u>1329 Front Ave.</u> City, State, Zip: <u>Columbus, GA 31901</u> Telephone (optional): <u>404-307-6369</u> Email: <u>MaverettLCV@gmail.com</u>	
3	Name County/City: <u>Muscogee</u> Name of Office Sought or Held: <u>City Council District 7</u> (include office, district, post, or judicial seat)	Party Affiliation (optional): <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Non-Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Next Election Year: <u>2020</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): _____ Address: _____ City, State, Zip: _____ Email: _____
6	Treasurer (full name): <u>Jasmine Williams</u> Address: <u>2519 Water Oak Dr.</u> City, State, Zip: <u>Columbus, GA 31907</u> Email: <u>Jharris206.jh@gmail.com</u>

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

Marquese K. Averett
Signature of Candidate

02/02/2020
Date

COUNTY/MUNICIPAL FILERS: File this form directly with the Local Filing Officer in your county and/or municipality
LOCAL FILING OFFICERS: Send a copy via email to localreports@ethics.ga.gov