



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: <u>01/21-2026</u>	
2	Candidate (full name): <u>Gravin E. Moss</u> Address: <u>5426 Rodgers Dr.</u> City, State, Zip: <u>Columbus, GA 31909</u> Telephone (optional): _____ Email: <u>moss96429@gmail.com</u>	
3	Name County/City: <u>Muscogee / Columbus</u> Name of Office Sought or Held: <u>City Council, District 5</u> <small>(include office, district, post, or judicial seat)</small>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non-Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Next Election Year: <u>2026</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): _____ Address: _____ City, State, Zip: _____ Email : _____

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

Gravin E. Moss

Signature of Candidate

Jan 21
01/21/2026

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