



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

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

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