

**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.**

FEB 23 '16 PM 1:28

1	Today's Date: <b>February 22, 2016</b>	
2	Candidate (full name): <b>Toni H. Meadow</b> Address: <b>405 Crestwood Drive</b> City, State, Zip: <b>Athens, Ga 30605</b> Telephone (optional): _____ Email : <b>tmeadow103@gmail.com</b>	
3	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <b>Tax Commissioner</b> <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Incumbent: <b>Mitch Schrader</b>	Next Election Year: <b>2016</b>

**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.**

*Toni H Meadow*

Signature of Candidate

*2/22/16*

Date

STATEWIDE STATE LEVEL FILERS MAIL TO:

Georgia Government Transparency and Campaign Finance Commission | 200 Piedmont Avenue S.E. | Suite 1402 - West Tower | Atlanta Georgia, 30334

LOCAL LEVEL FRS- file with your local filing authority