



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: 3-7-2022

2 Candidate (full name): Michael Anthony Sellers
Address: 5355 Silver Creek Dr.
City, State, Zip: Lilburn, GA 30047
Telephone (optional): _____ Email: sellersforwinnett@gmail.com

3 Name County/City: Gwinnett County Party Affiliation (optional):
Name of Office Sought or Held: School Board District 4
(include office, district, post, or judicial seat) Democrat Non-Partisan
 Republican Other

4 Next Election Year: _____

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.

Michael Anthony Sellers

Signature of Candidate

3-7-2022

Date