



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: 1/2/2024

2 Candidate (full name): Donna Gaye Priest-Brown
 Address: 5959 Fairing Drop
 City, State, Zip: Stonecrest, GA 30038
 Telephone (optional): 404-386-8454 Email: dpriestbrown@bellsouth.net

3 Name County/City: De Kalb, Stonecrest Party Affiliation (optional):
 Democrat Non-Partisan
 Republican Other
 Name of Office Sought or Held: De Kalb Bd. of Education
 (include office, district, post, or judicial seat)

4 Next Election Year: 2024

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): Donna Priest-Brown
 Address: 5959 Fairing Drop
 City, State, Zip: Stonecrest, GA 30038
 Email: dpriestbrown@bellsouth.net

6 Treasurer (full name): Paul Brown
 Address: 5959 Fairing Drop
 City, State, Zip: Stonecrest, GA 30038
 Email: pdbrown94@gmail.com

FILED
2024 FEB 15 PM 1:29
LOCAL FILING OFFICE
AFTER REGISTRATION
AND ELECTIONS

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

Signature of Candidate

1/2/2024

Date

Handwritten note in red: "REGISTRATION REQUIRED!"