

**DECLARATION OF INTENTION TO ACCEPT  
CAMPAIGN CONTRIBUTIONS**

Year of Election: \_\_\_\_\_  
Date of this Filing: \_\_\_\_\_

Candidate (Full Name): \_\_\_\_\_

Candidate Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s): ( ) \_\_\_\_\_

Give Name of Office Sought: (include district, post, or judicial circuit)

State                      County                      Municipal

Name of Incumbent: \_\_\_\_\_

For Office Use

Campaign Committee  
Chairperson (Full Name): \_\_\_\_\_

Chairperson Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s): ( ) \_\_\_\_\_

Treasurer (Full Name): \_\_\_\_\_

Treasurer Address: \_\_\_\_\_  
\_\_\_\_\_

Party Affiliation (Optional):  
Democrat                      Republican                      Other or None

**SIGNATURE OF CANDIDATE**