

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS***Georgia Government Transparency and Campaign Finance Commission***

200 Piedmont Ave. S.E. / Suite 1416 – West Tower / Atlanta, GA 30334

1	Date:	07/02/2021
2	Candidate Name:	Daphne Jarriel Totten
	Address:	717 Brookwood Drive
	City, State Zip:	Statesboro, GA 30461
	Email:	djarrieluga@hotmail.com
	Phone:	(912) 536-6699
3	Select Office Type: State ☒ County ☐ Municipal ☐	
	Name of Office Sought or Held: District Attorney	
	District, Post, Ward, or Judicial Circuit*: Ogeechee	
	<i>*Must include last name of incumbent Judge for Judicial races.</i>	
4	Next Election Year Office will be on the Ballot: 2022	
Verification		
I, <u>Daphne Jarriel-Totten</u> , do hereby swear (or affirm) that the foregoing information is complete, true, and correct to the best of my knowledge and belief pursuant to O.C.G.A. §§ 21-5-1, et. seq.; and 16-10-20.		
Daphne Jarriel-Totten		

For Office Use Only

Filer ID if applicable:

Approved By: _____

Date: _____

REGISTRATION OF CANDIDATE'S CAMPAIGN COMMITTEE
Georgia Government Transparency and Campaign Finance Commission
 200 Piedmont Ave. S.E. / Suite 1416 – West Tower / Atlanta, GA 30334

1	Date:	07/02/2021	
2	Committee Name:	Committee to Elect Daphne J. Totten District Attorney	
	Address:	430 Northside Drive, Suite 160 PMB 345	
	City, State, Zip:	Statesboro, GA 30461	
	Email:	djarrieluga@gmail.com	Phone: (912) 536-6699
3	Select Office Type:	State ☒	County ☐ Municipal ☐
	Name of Office Sought or Held:	District Attorney	
	District, Post, Ward, or Judicial Circuit*:	Ogeechee	
	*Must include last name of incumbent Judge for Judicial races.		
4	Chairperson Name:	Lauren L. Fowler	
	Address:	3005 McCall Blvd.	
	City, State, Zip:	Statesboro, GA 30461	
	Email:	laurenlindsfowler@gmail.com	Phone: (912) 663-9247
5	Treasurer Name:	Dirk A. Totten	
	Address:	430 Northside Drive, Suite 160, PMB 345	
	City, State, Zip:	Statesboro, GA 30458-7156	
	Email:	dirktotten75@gmail.com	Phone: (912) 536-6699
Verification			
I, <u>Daphne Jarriel-Totten</u> , do hereby swear (or affirm) that the foregoing information is complete, true, and correct to the best of my knowledge and belief pursuant to O.C.G.A. §§ 21-5-1, et. seq.; and 16-10-20.			
		SIGN HERE	<u>Daphne Jarriel-Totten</u>

For Office Use Only

Filer ID if applicable:

Approved By: _____

Date: _____