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FEC FORM 2

STATEMENT OF CANDIDACY

` ,	ne of Candidate (in full)										
	SCOTT, JAMES, AUSTIN, , (b) Address (number and street) Check if address changed						O Condidate FEO Identify (1)				
	(b) Address (number and street) ☐ Check if addr 621 MCLENDON ST					Candidate's FEC Identification Number H0GA08099					
. , ,	, State, and ZIP Code					3. Is This			v	Amended	
	SHBURN		GA 31714			Staten	,) OR	×	(A)	
4. Party A		5. Office Soug	ıht		6. State & Dist		date				
REPU	BLICAN PARTY	House			GA	08					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)											
NOTE: This designation should be filed with the appropriate office listed in the instructions.											
(a) Name of Committee (in full) AUSTIN SCOTT FOR CONGRESS INC											
	lress (number and street) BOX 2530										
(c) City	, State, and ZIP Code										
Т	IFTON				GA	31793	3				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.											
NOTE: This designation should be filed with the principal campaign committee.											
(a) Name of Committee (in full) AUSTIN SCOTT VICTORY FUND											
(b) Address (number and street) 824 S Milledge Ave, Ste 101											
(c) City	, State, and ZIP Code										
A ⁻	THENS				GA	30605					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Signature of Candidate						Date				•	
SCOTT, JAMES, AUSTIN, ,				[Elec	tronically Filed]	04/11/20	20				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											
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FEC FORM 2 (REV. 02/2009)