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## FEC FORM 2

## STATEMENT OF CANDIDACY

Mye	ne of Candidate (in full)									
	ers, Dennis, Michael, ,					l ":				
	ress (number and street) 3 Fernwood dr	□ Che	eck if address	changed		2. Candidate' H4GA120	's FEC Identifi 093	cation N	umber	
(c) City,	State, and ZIP Code					3. Is This	New		Am	ended
Aug	gusta		GA	3090	6	Statemer	nt X (N)	OR	(A)	
4. Party Af		5. Office Sought				rict of Candidat	е			
DEMO	CRATIC PARTY	House			GA	12				
	DE	SIGNATION	OF PRIN	CIPAL	CAMPAIGN	N COMMIT	TEE			
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
NOTE:	This designation should be	filed with the appr	opriate office	listed in th	ne instructions.					
(a) Nam	ne of Committee (in full)									
M`	YERS FOR A FUT	ΓURE								
(b) Addr	ress (number and street)									
292	23 FERNWOOD DR									
(c) City,	State, and ZIP Code									
Αl	JGUSTA				GA	30906				
	DE	SIGNATION Inc		_	<b>FHORIZED</b> g Representativ		EES			
0 11 1	4 . 4 . 6	,				,				,
candida	<ul> <li>authorize the following nar cy.</li> </ul>	ned committee, w	nich is NOT r	ny principa	ai campaign con	nmittee, to rece	ive and exper	na funas	on benait (	or my
NOTE:	This designation should be	filed with the princ	cipal campaigi	n committe	ee.					
	This designation should be to the of Committee (in full)	iled with the princ	cipal campaigi	n committe	96.					
		filed with the princ	cipal campaigi	n committe	ee.					
(a) Nam	ne of Committee (in full)	iled with the princ	sipal campaigi	n committe	ee.					
(a) Nam		iled with the princ	sipal campaigi	n committe	ee.					
(a) Nam	ne of Committee (in full)	iled with the princ	cipal campaigi	n committe	ee.					
(a) Nam	ne of Committee (in full)	iled with the princ	cipal campaigi	n committe	ee.					
(a) Nam	ne of Committee (in full) ress (number and street)	iled with the princ	sipal campaigi	n committe	90.					
(a) Nam	ne of Committee (in full) ress (number and street)	iled with the princ	cipal campaigi	n committe	96.					
(a) Nam	ne of Committee (in full) ress (number and street)					and belief it is tru	ue, correct an	d comple	ete.	
(a) Nam (b) Addr	ress (number and street)  State, and ZIP Code					and belief it is tru	ue, correct an	d comple	ete.	
(a) Nam (b) Addr (c) City,	ress (number and street)  State, and ZIP Code  I certify that I have exactly the conditions of Candidate							d comple	ete.	
(a) Nam (b) Addr (c) City,	ress (number and street)  State, and ZIP Code					Date		d comple	ete.	
(a) Nam (b) Addr (c) City,	ress (number and street)  State, and ZIP Code  I certify that I have exactly the conditions of Candidate					Date		d comple	ete.	
(a) Nam (b) Addr (c) City,  Signature  Myers, Den	ress (number and street)  State, and ZIP Code  I certify that I have exactly the conditions of Candidate	nmined this Stater	nent and to th	e best of l	my knowledge a	Date 11/16/2023				
(a) Nam (b) Addr (c) City,  Signature  Myers, Den	ress (number and street)  State, and ZIP Code  I certify that I have example of Candidate  nnis, Michael,	nmined this Stater	nent and to th	e best of l	my knowledge a	Date 11/16/2023				
(a) Nam (b) Addr (c) City,  Signature  Myers, Den	ress (number and street)  State, and ZIP Code  I certify that I have example of Candidate  nnis, Michael,	nmined this Stater	nent and to th	e best of l	my knowledge a	Date 11/16/2023				

FEC FORM 2 (REV. 02/2009)