

Image# 201704039051924086

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Ossoff, T., Jonathan, ,			2. Candidate's FEC Identification Number H8GA06195	
(b) Address (number and street) PO Box 450326		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Atlanta GA 31145		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate GA 06		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2017 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Jon Ossoff for Congress		
(b) Address (number and street) PO Box 450326		
(c) City, State, and ZIP Code Atlanta GA 31145		

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) Jon Ossoff Victory Fund		
(b) Address (number and street) 611 Pennsylvania Ave SE Suite 143		
(c) City, State, and ZIP Code Washington DC 20003		

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 Ossoff, T., Jonathan, , <i>[Electronically Filed]</i>	Date 04/03/2017
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--