

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
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COMMISSION
PUBLIC ACCESSURE
DIVISION

2017 OCT 25 PM 2:31

(a) Name of Candidate (in full)
Samuel Lee Priddy

(b) Address (number and street) Check if address changed
P.O. Box 222

(c) City, State, and ZIP Code
Ty Ty, Georgia 31795-0222

2. FEC Candidate Identification Number: _____

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation: Democrat

5. Office Sought: President

6. State & District of Candidate: GA 8th

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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)
Priddy For President

(b) Address (number and street)
P.O. Box 222

(c) City, State, and ZIP Code
Ty Ty, Georgia 31795-0222

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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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: [Signature] Date: 10/24/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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2017 OCT 25 PM 2:31

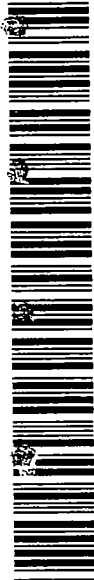
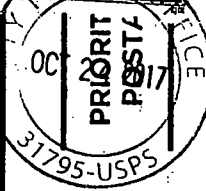
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SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
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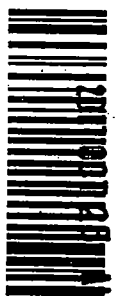
ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input checked="" type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	Postage
<i>31795</i>	<i>10/4/17</i>	<i>\$ 23</i>	<i>75</i>
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
<i>10/4/17</i>	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	<i>\$</i>	<i>\$</i>
Time Accepted	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 12 NOON	Return Receipt Fee	Live Animal Transportation Fee
<i>2:00 PM</i>	<input type="checkbox"/> 10:30 AM Delivery Fee	<i>\$</i>	<i>\$</i>
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees	
<i>lbs. 3 ozs.</i>	<i>\$</i>	<i>\$ 83</i>	
Acceptance Employee Initials	Acceptance Employee Initials		
<i>VM</i>	<i>VM</i>		
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YYYY) Time	Time	Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt (MM/DD/YYYY) Time	Time		
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		

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INTERNATIONALLY, CUSTOMS DECLARATION MAY BE REQUIRED.

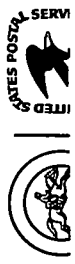


July 2013 OD: 12.5 x 9.5



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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>mf</i> PREPARER	10/25/17 DATE PREPARED

(3/2015)

2017-10-25 03:00:17-01000