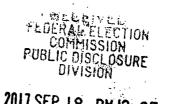
FEC FORM 2 STATEMENT OF CANDIDACY



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1. (a) Name of Candidate (in full)		
(b) Address (number and street) 515 Bay Street	Check if address chan	ged 2. FEC Candidate Identification Number
(c) City, State, and ZIP Code Waycross, GA 31501		3. Is This Statement X (N) OR (A)
4. Party Affiliation Democratic	5. Office Sought House of Representives	6. State & District of Candidate Georgia - District 01
D	ESIGNATION OF PRINCIP	AL CAMPAIGN COMMITTEE
7. I hereby designate the following na	amed political committee as my Princi	
NOTE: This designation should be	filed with the appropriate office listed	(year of election)
(a) Name of Committee (in full)		
Seidman for C	ongress Campa	aign Committee
(b) Address (number and street)	· · ·	
515 Bay Stree	et	
(c) City, State, and ZIP Code	· · · · · · · · · · · · · · · · · · ·	
Waycross, GA	31501	
U		AUTHORIZED COMMITTEES
candidacy.		aising Representatives) incipal campaign committee, to receive and expend funds on behalf of my nmittee.
candidacy.	med committee, which is NOT my pri	ncipal campaign committee, to receive and expend funds on behalf of my
candidacy. NOTE: This designation should be	med committee, which is NOT my pri	ncipal campaign committee, to receive and expend funds on behalf of my
candidacy. NOTE: This designation should be	med committee, which is NOT my pri	ncipal campaign committee, to receive and expend funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full)	med committee, which is NOT my pri	ncipal campaign committee, to receive and expend funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full)	med committee, which is NOT my pri	ncipal campaign committee, to receive and expend funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street)	med committee, which is NOT my pri	ncipal campaign committee, to receive and expend funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	med committee, which is NOT my pri	ncipal campaign committee, to receive and expend funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	med committee, which is NOT my pri	incipal campaign committee, to receive and expend funds on behalf of my
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate Data	amed committee, which is NOT my print of filed with the principal campaign com amined this Statement and to the bes	incipal campaign committee, to receive and expend funds on behalf of my nmittee.
candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have ex</i> Signature of Candidate	amed committee, which is NOT my print of filed with the principal campaign com amined this Statement and to the bes	ancipal campaign committee, to receive and expend funds on behalf of my nmittee.

Optional Supplemental Page for Designation of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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

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

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

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

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Federal Election Commission 999 E. Street, NW Wasnington, DC 20963

COMMISSION LIC DISCLOSURE DIVISION

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified 17 Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date **Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt **Received from House Records & Registration Office** Date of Receipt **Received from Senate Public Records Office** Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPAREF DAŤE EPARED (3/2015)