

Image# 202512309793863306

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FEC FORM 2

STATEMENT OF CANDIDACY

| | | | |
|---|--|--|---|
| 1. (a) Name of Candidate (in full) Fuller, Clay, , , | | 2. Candidate's FEC Identification Number H0GA14030 | |
| (b) Address (number and street) PO Box 849 | | <input checked="" type="checkbox"/> Check if address changed | |
| (c) City, State, and ZIP Code Trenton | | GA | 30752 |
| 4. Party Affiliation REPUBLICAN PARTY | | 5. Office Sought House | 6. State & District of Candidate GA 14 |
| | | 3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A) <input type="checkbox"/> OR | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)

CLAY FULLER FOR CONGRESS, INC.

(b) Address (number and street)

PO BOX 849

(c) City, State, and ZIP Code

TRENTON

GA

30752

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 Fuller, Clay, , , | Date 12/30/2025 |
|---|--------------------|

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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