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PAGE 1 / 1

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Weeks, Kellie, , ,			2. Candidate's FEC Identification Number H0GA09279		
(b) Address (number and street) 130 John Morrow Parkway Suite C		<input type="checkbox"/> Check if address changed		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code Gainesville		GA	30501		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate GA 09			

### 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)

**Committee to Elect Kellie Weeks**

(b) Address (number and street)  
130 John Morrow Parkway  
Suite C

(c) City, State, and ZIP Code

Gainesville GA 30501

### 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 Weeks, Kellie, , ,	Date 03/14/2020
<i>[Electronically Filed]</i>	

**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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