FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)										
	Carter, Troy, A., , Sr.										
	(b) Address (number and street) PO Box 50730	□ Check if address changed				2. Candidate's FEC Identification Number H2LA02149					
	(c) City, State, and ZIP Code					3. Is Thi		New		Amended	
	New Orleans		LA 70150			Stater	ment X	(N)	OR	(A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist		date				
	DEMOCRATIC PARTY	House			LA	02					
	DE	SIGNATION O	of Pri	NCIPAL	CAMPAIGN		ITTEE				
7.	hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	Troy Carter for Congress										
	(b) Address (number and street) PO BOX 50730										
	(c) City, State, and ZIP Code										
	New Orleans				LA	70150	C				
Besignation 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 exa	mined this Stateme	ent and to	the best of i	my knowledge a	nd belief it is	s true, corr	ect and	l compl	ete.	
Si	ignature of Candidate					Date					
C	arter, Troy, A., , Sr.	ronically Filed]	J 01/09/2023								
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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