## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| 1.   | (a) Name of Candidate (in full)<br>BLACK, GARY, , ,   |                           |             |             |                   |   |              |            |                     |          |  |
|--|---|---------------------------|-------------|-------------|-------------------|---|--------------|------------|---------------------|----------|--|
|  | (b) Address (number and street)<br>PO BOX 6501  | et)                       |             |             |                   | 2. Candidate's FEC Identification Number<br>S2GA00209 |              |            |                     |          |  |
|  | (c) City, State, and ZIP Code   | City, State, and ZIP Code |             |             |                   | 3. Is This  |              | lew        | Amende              | d        |  |
|  | ATHENS  |                           |             |             |                   | Statem  | ~            | N) OR      | (A)                 |          |  |
| 4.   | Party Affiliation   | 5. Office Sough           | t           |             | 6. State & Dist   |   | date         |            |                     |          |  |
|  | REPUBLICAN PARTY  | Senate                    |             |             | GA                | 00  |              |            |                     |          |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |   |                           |             |             |                   |   |              |            |                     |          |  |
| 7.   | <ol> <li>I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election(s). (year of election)</li> </ol> |                           |             |             |                   |   |              |            |                     |          |  |
|  | <b>NOTE:</b> This designation should be filed with the appropriate office listed in the instructions.   |                           |             |             |                   |   |              |            |                     |          |  |
| (a) Name of Committee (in full)<br>GARY BLACK FOR SENATE INC.  |   |                           |             |             |                   |   |              |            |                     |          |  |
|  | (b) Address (number and street)<br>PO BOX 6501  |                           |             |             |                   |   |              |            |                     |          |  |
|  | (c) City, State, and ZIP Code   |                           |             |             |                   |   |              |            |                     |          |  |
|  | ATHENS  |                           |             |             | GA                | 30604   | Ļ            |            |                     |          |  |
|  |   |                           |             |             |                   |   |              |            |                     |          |  |
| <ul> <li><b>DESIGNATION OF OTHER AUTHORIZED COMMITTEES</b><br/>(Including Joint Fundraising Representatives)</li> <li>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.</li> </ul> |   |                           |             |             |                   |   |              |            |                     |          |  |
| 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 State          | ment and to | the best of | my knowledge a    | nd belief it is                                       | true, correc | t and comp | lete.               | _        |  |
| Si   | gnature of Candidate  |                           |             |             |                   | Date  |              |            |                     | <u> </u> |  |
| Bi   | LACK, GARY, , ,   |                           |             | [Elec       | tronically Filed] | 06/04/202   | 21           |            |                     |          |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.  |   |                           |             |             |                   |   |              |            |                     |          |  |
|  |   |                           |             |             |                   |   |              |            |                     |          |  |
|  |   |                           |             |             |                   |   |              |            |                     |          |  |
|  |   |                           |             |             |                   |   |              | FE         | C FORM 2 (REV. 02/2 | 2009)    |  |