

Image# 202211099546747413

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Greene, Marjorie, Taylor, Mrs.,			2. Candidate's FEC Identification Number HOGA06192	
(b) Address (number and street) 3 Central Plaza No. 142		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Rome GA 30161		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate GA 14		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) <b>GREENE FOR CONGRESS</b>		
(b) Address (number and street) 3955 MARCONI DRIVE		
(c) City, State, and ZIP Code ALPHARETTA GA 30005		

### 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>MARJORIE TAYLOR GREENE'S PEOPLE OVER POLITICIANS COMMITTEE</b>		
(b) Address (number and street) PO BOX 1575		
(c) City, State, and ZIP Code ROSWELL GA 30077		

*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 Greene, Marjorie, Taylor, ,  <i>[Electronically Filed]</i>	Date 11/09/2022
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**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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

PUT AMERICA FIRST JOINT FUNDRAISING COMMITTEE

(b) Address (number and street)

PO BOX 1575

(c) City, State, and ZIP Code

ROSWELL

GA

30077

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(c) City, State, and ZIP Code