

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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2025 MAR 11 AM 9:25

1. (a) Name of Candidate (in full) <u>Ben Truman</u>			2. FEC Candidate Identification Number	
(b) Address (number and street) <u>2437 Kings Arms Drive NE</u>			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code <u>Atlanta, GA 30345</u>			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation <u>Democrat</u>	5. Office Sought <u>House</u>	6. State & District of Candidate <u>Georgia 4th</u>		

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) <u>Truman for Congress</u>	
(b) Address (number and street) <u>P.O. Box 450074</u>	
(c) City, State, and ZIP Code <u>Atlanta, GA 31145</u>	

**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 <u>Ben Truman II</u>	Date <u>03/04/2025</u>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Truman R Congress  
PO Box 456074  
Atlanta, GA 31145

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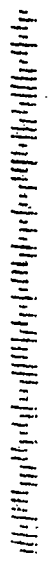
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1050 First Street, NE  
Washington, DC 20463

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**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 03/11/25
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	<div style="display: flex; justify-content: space-between;"> <span>Shipping Date</span> <span>Date of Receipt</span> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> Next Business Day Delivery: <input type="checkbox"/> </div>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<div style="font-size: 2em; font-family: cursive;">MAA</div>	<div style="font-size: 1.5em; font-family: cursive;">03/11/25</div>
PREPARER	DATE PREPARED

(4/2023)

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