

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Laughridge, Matthew, , ,			
(b) Address (number and street) 4813 Ridge Rd Ste. #111 - 1016		<input type="checkbox"/> Check if address changed	
		2. Candidate's FEC Identification Number H0GA14113	
(c) City, State, and ZIP Code Douglasville		GA	30134
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House	6. State & District of Candidate GA 14
		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> OR <input checked="" type="checkbox"/> Amended (A)	

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)

MATT LAUGHRIDGE FOR CONGRESS, INC.

(b) Address (number and street)
4813 RIDGE RD

(a) City, State, and ZIP Code:

DOUGLASVILLE GA 30134

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 <i>Laughridge, Matthew, , ,</i>	Date 03/09/2020
	<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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