

Image# 202208169525408490

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Walker, Herschel, , Mr.,			2. Candidate's FEC Identification Number S2GA00225	
(b) Address (number and street) P.O. BOX 501707		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code ATLANTA		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate		6. State & District of Candidate GA

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) TEAM HERSCHEL, INC		
(b) Address (number and street) PO BOX 501707		
(c) City, State, and ZIP Code ATLANTA GA 31150		

### 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) TEAM HERSCHEL'S PEOPLE'S CHAMPION COMMITTEE		
(b) Address (number and street) PO BOX 501707		
(c) City, State, and ZIP Code ATLANTA GA 30339		

*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 Walker, Herschel, , Mr.,  <i>[Electronically Filed]</i>	Date 08/16/2022
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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)

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)

**TEAM HERSCHEL VICTORY COMMITTEE**

(b) Address (number and street)

PO BOX 501707

(c) City, State, and ZIP Code

ATLANTA

GA

31150

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)

**WALKER FOR GA SENATE REPUBLICAN NOMINEE FUND 2022**

(b) Address (number and street)

PO BOX 9891

(c) City, State, and ZIP Code

ARLINGTON

VA

22219

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)

**NRSC**

(b) Address (number and street)

425 2ND ST NE

(c) City, State, and ZIP Code

WASHINGTON

DC

20002

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)

**2022 Founders Committee**

(b) Address (number and street)

1305 W 11th St, #213

(c) City, State, and ZIP Code

HOUSTON

TX

77008

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

**CORNYN VICTORY COMMITTEE**

(b) Address (number and street)

PO Box 13026

(c) City, State, and ZIP Code

Austin

TX

78711

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)

**BARRASSO WALKER LAXALT VICTORY COMMITTEE**

(b) Address (number and street)

901 N WASHINGTON ST, STE 700

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

**HERSCHEL WALKER FOR GEORGIA VICTORY FUND**

(b) Address (number and street)

PO BOX 501707

(c) City, State, and ZIP Code

ATLANTA

GA

31150

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)

**LAXALT WALKER VICTORY COMMITTEE**

(b) Address (number and street)

PO BOX 751271

(c) City, State, and ZIP Code

LAS VEGAS

NV

89136

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

TAKE BACK THE SENATE

(b) Address (number and street)

PO BOX 9891

(c) City, State, and ZIP Code

ARLINGTON

VA

22219

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)

WALKER GRAHAM MAJORITY FUND

(b) Address (number and street)

228 S WASHINGTON ST.

STE. 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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

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