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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McLeod, Donna, Theresa, Ms.,			2. Candidate's FEC Identification Number H2GA07147	
(b) Address (number and street) 415 Cedarhurst Rd		☐ Check if address changed		
(c) City, State, and ZIP Code Lawrenceville GA 30045		3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate GA 07		

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) Donna McLeod for Congress		
(b) Address (number and street) 415 Cedarhurst Rd		
(c) City, State, and ZIP Code Lawrenceville GA 30045		

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 McCleod, Donna, Theresa, , [Electronically Filed]	Date 12/07/2021
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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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