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FEC FORM 2

STATEMENT OF CANDIDACY

| | ne of Candidate (in full) | | | | | | | | | |
|--|--|------------------------|-----------------|-----------|-----------------|---|----------------|-----------|-------------|------|
| | ore, Carlos, , , | □ Ob c -1- | if addrsss -1- | 00000 | | 2 Condidate | o EEO Idaarii | iontion h | lumbo= | |
| | (b) Address (number and street) ☐ Check if address changed 2970 Clairmont Rd NE Ste 240 | | | | | Candidate's FEC Identification Number H6GA13088 | | | | |
| . , , , | , State, and ZIP Code | | | | | 3. Is This | New | | | nded |
| | ookhaven | | GA | 30329 | | Statemen | () | OR | (A) | |
| 4. Party A | | 5. Office Sought | | | | rict of Candidate | е | | | |
| DEMC | OCRATIC PARTY | House | | | GA | 13 | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | |
| 7. I hereby | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) | | | | | | | | | |
| NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| (a) Nan | ne of Committee (in full) | | | | | | | | | |
| C | ARLOS MOORE F | OR GEORG | IA | | | | | | | |
| (b) Add | Iress (number and street) | | | | | | | | | |
| 29 | 70 CLAIRMONT RD NE S | ΓE 240 | | | | | | | | |
| (c) City, | , State, and ZIP Code | | | | | | | | | |
| В | ROOKHAVEN | | | | GA | 30329 | | | | |
| | | | | | | | | | | |
| | DE | SIGNATION O | E OTHER | ο ΔΙΙΤ | HORIZED | COMMITTI | FES | | | |
| | DL | | _ | _ | Representative | | LLO | | | |
| 0 I horoby | y authorize the following nar | and committee, which | h ia NOT my | nrinaina | l compoign com | amittaa ta raaa | ive and evne | ad funda | on bobolf o | m |
| candida | • | ned committee, write | II IS NOT IIIy | ринсіра | ii campaign con | minitee, to rece | ive and expe | na runus | on benan o | IIIy |
| | • | | | | _ | | | | | |
| NOTE: | This designation should be | lied with the principa | i campaign c | committe | e. | | | | | |
| (a) Nan | ne of Committee (in full) | | | | | | | | | |
| | | | | | | | | | | |
| (P/ V ~ ~ | Iress (number and street) | | | | | | | | | |
| DDA ((1) | | | | | | | | | | |
| (5) / (64 | iless (fluffiber and street) | | | | | | | | | |
| (5) / (44 | iless (fluffiber and street) | | | | | | | | | |
| | , State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | mined this Statemer | nt and to the I | best of n | ny knowledge a | and belief it is tru | ue, correct ar | nd comple | ete. | |
| (c) City, | , State, and ZIP Code | nmined this Statemer | nt and to the I | best of n | ny knowledge a | nd belief it is tru | ue, correct ar | nd comple | ete. | |
| (c) City, | , State, and ZIP Code I certify that I have exa | nmined this Statemer | nt and to the i | best of n | ny knowledge a | Date | ue, correct ar | id comple | ete. | |
| (c) City, | , State, and ZIP Code I certify that I have exa | nmined this Statemer | nt and to the I | best of n | ny knowledge a | | ue, correct ar | d comple | ete. | |
| (c) City, | , State, and ZIP Code I certify that I have exa | mined this Statemer | nt and to the I | best of n | ny knowledge a | Date | ue, correct ar | id comple | ete. | |
| (c) City, Signature Moore, Co | , State, and ZIP Code I certify that I have exa | | | | | Date 06/12/2025 | | | | |
| (c) City, Signature Moore, Co | I certify that I have example of Candidate | | | | | Date 06/12/2025 | | | | |
| (c) City, Signature Moore, Co | I certify that I have example of Candidate | | | | | Date 06/12/2025 | | | | |

FEC FORM 2 (REV. 02/2009)