## FEC FORM 2 STATEMENT OF CANDIDACY

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| 1. (a) Name of Candidate (in full)                                                                                                                                      |                            |                                          |                   |                   |                |             |                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------|-------------------|-------------------|----------------|-------------|-------------------------|--|
| Gurtler, Matt, , ,<br>(b) Address (number and street)                                                                                                                   | □ Check if add             | 2. Candidate's FEC Identification Number |                   |                   |                |             |                         |  |
| P.O. Box 43                                                                                                                                                             |                            |                                          |                   | H0GA09220         |                |             |                         |  |
| (c) City, State, and ZIP Code                                                                                                                                           | 0.4 00570                  |                                          |                   | 3. Is This        |                |             | Amended                 |  |
| Tiger                                                                                                                                                                   |                            | GA 3057                                  | -                 | Staten            |                | ) <b>OR</b> | (A)                     |  |
| <ol> <li>Party Affiliation<br/>REPUBLICAN PARTY</li> </ol>                                                                                                              | 5. Office Sought<br>House  |                                          | 6. State & Dist   | rict of Candie 09 | date           |             |                         |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE                                                                                                                             |                            |                                          |                   |                   |                |             |                         |  |
| <ol> <li>I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election(s). (year of election)</li> </ol> |                            |                                          |                   |                   |                |             |                         |  |
| NOTE: This designation should be f                                                                                                                                      | led with the appropriate o | ffice listed in t                        | he instructions.  |                   |                |             |                         |  |
| (a) Name of Committee (in full)                                                                                                                                         |                            |                                          |                   |                   |                |             |                         |  |
| Friends of Matt Gurt                                                                                                                                                    | ler, Inc.                  |                                          |                   |                   |                |             |                         |  |
| (b) Address (number and street)<br>P.O. Box 43                                                                                                                          |                            |                                          |                   |                   |                |             |                         |  |
| (c) City, State, and ZIP Code                                                                                                                                           |                            |                                          |                   |                   |                |             |                         |  |
| Tiger                                                                                                                                                                   |                            |                                          | GA                | 30576             | 3              |             |                         |  |
|                                                                                                                                                                         |                            |                                          |                   |                   |                |             |                         |  |
| DE                                                                                                                                                                      | SIGNATION OF O             | THER AU                                  | THORIZED          | сомміт            | TEES           |             |                         |  |
|                                                                                                                                                                         | (Including Jo              | oint Fundraisir                          | ng Representative | es)               |                |             |                         |  |
| <ol> <li>I hereby authorize the following nam<br/>candidacy.</li> </ol>                                                                                                 | ed committee, which is N   | OT my princip                            | al campaign con   | nmittee, to re    | eceive and exp | oend funds  | on behalf of my         |  |
| NOTE: This designation should be f                                                                                                                                      | led with the principal cam | paign commit                             | iee.              |                   |                |             |                         |  |
| (a) Name of Committee (in full)                                                                                                                                         |                            |                                          |                   |                   |                |             |                         |  |
|                                                                                                                                                                         |                            |                                          |                   |                   |                |             |                         |  |
| (b) Address (number and street)                                                                                                                                         |                            |                                          |                   |                   |                |             |                         |  |
|                                                                                                                                                                         |                            |                                          |                   |                   |                |             |                         |  |
| (c) City, State, and ZIP Code                                                                                                                                           |                            |                                          |                   |                   |                |             |                         |  |
|                                                                                                                                                                         |                            |                                          |                   |                   |                |             |                         |  |
| l certify that I have eva                                                                                                                                               | mined this Statement and   | to the hest of                           | my knowledge a    | and haliaf it is  | true correct   | and comple  |                         |  |
| I certify that I have examined this Statement and to the best of my knowledge an Signature of Candidate                                                                 |                            |                                          |                   |                   | Date .         |             |                         |  |
| Gurtler, Matt, , ,                                                                                                                                                      |                            |                                          |                   |                   |                |             |                         |  |
| Gurner, man, , ,                                                                                                                                                        |                            | [Elec                                    | tronically Filed] | 02/18/20          | 20             |             |                         |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.                           |                            |                                          |                   |                   |                |             |                         |  |
|                                                                                                                                                                         |                            |                                          |                   |                   |                |             |                         |  |
|                                                                                                                                                                         |                            |                                          |                   |                   |                |             |                         |  |
|                                                                                                                                                                         |                            |                                          |                   |                   |                | FE(         | C FORM 2 (REV. 02/2009) |  |