## FEC FORM 2 STATEMENT OF CANDIDACY

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1	(a) Name of Candidate (in full)										
	Lee   Anderson										
	(b) Address (number and street) 160 LOUISVILLE RD	□ Check if address changed			2. Candidate's FEC Identification Number						
						H2GA		NI		A	
	(c) City, State, and ZIP Code GROVETOWN		GA	3081	3-0813	3. Is Thi Stater		New (N)	OR	Amended (A)	
4.	Party Affiliation	5. Office Sough	t		6. State & Dist	rict of Candi	date				
	REPUBLICAN PARTY	House			GA	12					
7.	DE	SIGNATION					2012		_ electi	on(s).	
	(year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)		•								
	Anderson for Congr	ess									
	(b) Address (number and street) 160 Louisville Road										
	(c) City, State, and ZIP Code										
	Grovetown				GA	30813	3-4121				
	candidacy. NOTE: This designation should be t (a) Name of Committee (in full) GA-12 Nominee Fu		cipal campa	ign committe	96.						
		nu									
	(b) Address (number and street) 2470 Daniels Bridge Road										
	Suite 121										
	(c) City, State, and ZIP Code										
	Athens				GA	30606	6191				
_	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	and belief it is	s true, con	rect and	d compl	ete.	
Si	ignature of Candidate					Date					
	ee I Anderson			[Elect	ronically Filed]	09/27/20	)12				
N	OTE: Submission of false, erroneous	, or incomplete in	nformation n	nay subject t	he person signir	ng this State	ment to pe	enalties	of 2 U.	S.C. §437g.	

## FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

Image# 12972446525

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DESIG	NATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committe candidacy.	e, which is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE: This designation should be filed	with the principal campaign committee.	
(a) Name of Committee (in full)		
Young Guns 2012 Rou	nd 4	
(b) Address (number and street) 228 S Washington Street Suite 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
DESIG	NATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committe candidacy.	ee, which is NOT my principal campaign committee, to receive and expend funds o	on behalf of my
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(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		
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(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		