FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
   DRIGGERS, CALVIN, JOB, ,

(b) Address (number and street) 163 FERRETT DR	☐ Check if address changed	2. Candidate's FEC Identification Number S2NY00382

(c) City, State, and ZIP Code BLACKSHEAR GA 31516	3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate NY 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the ___2024___ 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)
   ## MR. LOGISTICS FOR CONGRESS

   (b) Address (number and street)
   PO BOX 1162

   (c) City, State, and ZIP Code
   BLACKSHEAR   GA   31516

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 *DRIGGERS, CALVIN, JOB, ,* *[Electronically Filed]*	Date 01/17/2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)