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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) DRIGGERS, CALVIN, JOB, ,									
	bridgers, CALVIN, JOB, ,) Address (number and street)					Candidate's FEC Identification Number S4NY00289				
	(c) City, State, and ZIP Code					3. Is This N	ew		Amended	
	BLACKSHEAR		G/	315		Statement X (N	N) OR		(A)	
4.	Party Affiliation REPUBLICAN PARTY	5. Office Soug Senate			6. State & Dist	rict of Candidate 00				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full) CALVIN JOB D. DBA 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						Date			-	
DRIGGERS, CALVIN, JOB, , [Elect					ctronically Filed]	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.										
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FEC FORM 2 (REV. 02/2009)