

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Greene, Marjorie, Taylor, ,		
(b) Address (number and street) 3 Central Plaza No. 142		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Rome GA 30161		2. Candidate's FEC Identification Number H0GA06192
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate GA 14		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) GREENE FOR CONGRESS		
(b) Address (number and street) 3 CENTRAL PLAZA NUM 142		
(c) City, State, and ZIP Code ROME GA 30161		

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) MARJORIE TAYLOR GREENE'S PEOPLE OVER POLITICIANS COMMITTEE		
(b) Address (number and street) PO BOX 1575		
(c) City, State, and ZIP Code ROSWELL GA 30077		

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 Greene, Marjorie, Taylor, ,	Date 11/06/2024
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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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Transaction ID :

Updating for JFC

Form/Schedule:
Transaction ID:

Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 3 of 5

FEC Form 2S (Revised 02/2017)

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)

PUT AMERICA FIRST JOINT FUNDRAISING COMMITTEE

(b) Address (number and street)

PO BOX 1575

(c) City, State, and ZIP Code

ROSWELL

GA

30077

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(a) Name of Committee (in full)

MTG VICTORY FUND, INC.

(b) Address (number and street)

P.O. BOX 1575

(c) City, State, and ZIP Code

ROSWELL

GA

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PUT AMERICA FIRST JOINT FUNDRAISING COMMITTEE

(b) Address (number and street)

126 C STREET NW

THIRD FLOOR

(c) City, State, and ZIP Code

WASHINGTON

DC

20001

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FEC Form 2S (Revised 02/2017)

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THIRD FLOOR

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WASHINGTON DC 20001

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(a) Name of Committee (in full)

BATTLEGROUND GEORGIA FUND

(b) Address (number and street)

126 C STREET NW
THIRD FLOOR

(c) City, State, and ZIP Code

WASHINGTON DC 20001

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