

Image# 201908159162874686

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Karinshak, Zahra, S., ,			2. Candidate's FEC Identification Number HOGA07323	
(b) Address (number and street) 2174 Sugar Springs Drive		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Lawrenceville GA 30043		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate GA 07		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Friends For Zahra Karinshak		
(b) Address (number and street) 6050 Peachtree Parkway Suite 240-145		
(c) City, State, and ZIP Code Norcross GA 30092		

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 Karinshak, Zahra, S., , <i>[Electronically Filed]</i>	Date 08/15/2019
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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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