FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| 1. | (a) Name of Candidate (in full) | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|------------------|-------------------------------------------------------|---------------------------|
| | Moorehead, Patrick, , , | | | | | |
| | (b) Address (number and street) 5883 Wrightsboro Rd. | □ Check if address changed | | | 2. Candidate's FEC Identification Number H8GA10155 | |
| | (c) City, State, and ZIP Code | | | | | ew Amended |
| | Harlem | | GA 3081 | 4 | Statement 🗶 (N | I) OR (A) |
| 4. | Party Affiliation | 5. Office Sought | | 6. State & Distr | rict of Candidate | |
| | INDEPENDENT | House | | GA | 10 | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | |
| 7. | hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election(s). | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | |
| | (a) Name of Committee (in full) | | | | | |
| Know Your Rights, Vote For Patrick | | | | | | |
| | (b) Address (number and street) 5883 Wrightsboro Rd | | | | | |
| | (c) City, State, and ZIP Code | | | | | |
| | Harlem | | | GA | 30814 | |
| | nanem | | | C/T | 00011 | |
| 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 | | | | | | |
| Moorehead, Patrick, Dale, , [Electronically Filed] | | | | | 08/15/2017 | |
| 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) |