Image# 202312319599926826 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

							_
1.	(a) Name of Candidate (in full)						
	McCormick, Richard, Dean, Di	•					
	(b) Address (number and street) PO Box 3043	ЦС	Check if addre	ss changed		Candidate's FEC Identification Number H0GA07273	
	(c) City, State, and ZIP Code					3. Is This New Amended	_
	Cumming		G <i>A</i>	3004		Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ght			trict of Candidate	
	REPUBLICAN PARTY	House			GA	07	
	DE	SIGNATIC	N OF PR	INCIPAL	CAMPAIGI	N COMMITTEE	
7.	I hereby designate the following nar	ned political co	ommittee as m	ny Principal (Campaign Comr	mittee for the $\frac{2024}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be f	iled with the ap	opropriate offi	ce listed in t	ne instructions.		_
	(a) Name of Committee (in full)						
	FRIENDS OF MCC	DRMICK					
	(b) Address (number and street)						
	4410 LAUREL GROVE TRAC	E					
	(c) City, State, and ZIP Code						_
	SUWANEE				GA	30024	
							_
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES	
		((Including Joir	nt Fundraisin	g Representativ	ves)	
0	I horoby authorize the following page	and committee	which is NO	T my princip	al campaign cor	mmittee, to receive and expend funds on behalf of my	
0.	candidacy.	ied committee	, writer is NO	i iliy pililoip	ai campaign coi	innitiee, to receive and expenditurids on behalf of my	
	NOTE: This designation should be f	iled with the pr	incipal campa	ign committ	ee.		
	(a) Name of Committee (in full)						_
	GA-06 REPUBLICA	IIMON N	NEE FUN	ND 2022	2		
	(b) Address (number and street)						_
	PO BOX 9891						
	(c) City, State, and ZIP Code						_
	ARLINGTON				VA	22219	
							_
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.	
Si	gnature of Candidate					Date	-
M	IcCormick, Richard, Dean, Dr.,					12/31/2023	
							_
NO	OTE: Submission of false, erroneous,	or incomplete	information n	nay subject t	he person signii	ng this Statement to penalties of 2 U.S.C. §437g.	_

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2	
Page	OI		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my pri candidacy. NOTE : This designation should be filed with the principal ca			ehalf of my
	(a) Name of Committee (in full)			
	CRUZ 25 FOR 22 VICTORY FUND			
	(b) Address (number and street)			
	P.O. BOX 341027			
	(c) City, State, and ZIP Code			
	AUSTIN	TX	78734	
_				
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE : This designation should be filed with the principal ca			ehalf of my
	(a) Name of Committee (in full)			
	WAR VETERANS FUND 2022			
	(b) Address (number and street)			
	PO BOX 26141			
	(c) City, State, and ZIP Code			
	ALEVANDOIA	1/4	22313	
	ALEXANDRIA	VA		
8.	I hereby authorize the following named committee, which is NOT my pri	ncipal campaig	n committee, to receive and expend funds on b	ehalf of my
8.	I hereby authorize the following named committee, which is NOT my pri candidacy. NOTE : This designation should be filed with the principal ca	ncipal campaig	n committee, to receive and expend funds on b	ehalf of my
8.	I hereby authorize the following named committee, which is NOT my pri	ncipal campaig	n committee, to receive and expend funds on b	ehalf of my
8.	I hereby authorize the following named committee, which is NOT my pri candidacy. NOTE : This designation should be filed with the principal ca	ncipal campaig	n committee, to receive and expend funds on b	ehalf of my
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal ca (a) Name of Committee (in full) McCormick Victory Fund (b) Address (number and street)	ncipal campaig	n committee, to receive and expend funds on b	ehalf of my
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal ca (a) Name of Committee (in full) McCormick Victory Fund	ncipal campaig	n committee, to receive and expend funds on b	ehalf of my
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8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal ca (a) Name of Committee (in full) McCormick Victory Fund (b) Address (number and street) PO Box 183	ncipal campaig	n committee, to receive and expend funds on b	ehalf of my
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal ca (a) Name of Committee (in full) McCormick Victory Fund (b) Address (number and street) PO Box 183 (c) City, State, and ZIP Code	ncipal campaig mpaign commit	n committee, to receive and expend funds on b	ehalf of my
	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal ca (a) Name of Committee (in full) McCormick Victory Fund (b) Address (number and street) PO Box 183 (c) City, State, and ZIP Code Hudson I hereby authorize the following named committee, which is NOT my pri	ncipal campaig mpaign commit WI	n committee, to receive and expend funds on batee. 54016	
	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal ca (a) Name of Committee (in full) McCormick Victory Fund (b) Address (number and street) PO Box 183 (c) City, State, and ZIP Code Hudson I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal ca	ncipal campaig mpaign commit WI	n committee, to receive and expend funds on batee. 54016	
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