Image# 202411139719969893 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

| (a) Name of Candidate (in full)  |                              |                 |                  |   |                          |  |
|--|------------------------------|-----------------|------------------|---|--------------------------|--|
| Loudermilk, Barry, , ,   | □ Ob 1. 11                   | !               |                  | O Condidate!- FFO Id ("                             | ination Number           |  |
| (b) Address (number and street)<br>PO Box 447  | ) ☐ Check if address changed |                 |                  | Candidate's FEC Identification Number     H4GA11061 |                          |  |
| (c) City, State, and ZIP Code  |                              |                 |                  | 3. Is This New                                      | Amended                  |  |
| Cassville  | G                            | A 3012          | 3-0447           | Statement (N)                                       | OR × (A)                 |  |
| 4. Party Affiliation   | 5. Office Sought             |                 |                  | rict of Candidate                                   |                          |  |
| REPUBLICAN PARTY   | House                        |                 | GA               | 11  |                          |  |
| DE   | SIGNATION OF PR              | RINCIPAL        | CAMPAIGN         | COMMITTEE   |                          |  |
| 7. I hereby designate the following name   | ned political committee as r | my Principal (  | Campaign Comm    | nittee for the 2026 (year of election               | election(s).<br>n)       |  |
| NOTE: This designation should be fi  | led with the appropriate off | ice listed in t | ne instructions. |   |                          |  |
| (a) Name of Committee (in full)  |                              |                 |                  |   |                          |  |
| Loudermilk for Cong  | ress                         |                 |                  |   |                          |  |
| (b) Address (number and street)  |                              |                 |                  |   |                          |  |
| PO Box 447   |                              |                 |                  |   |                          |  |
| (c) City, State, and ZIP Code  |                              |                 |                  |   |                          |  |
| Cassville  |                              |                 | GA               | 30123   |                          |  |
| <ol> <li>I hereby authorize the following name candidacy.</li> <li>NOTE: This designation should be fit</li> </ol> |                              |                 |                  | nmittee, to receive and expe                        | nd funds on behalf of my |  |
| (a) Name of Committee (in full)  |                              |                 |                  |   |                          |  |
| Strong America Fun   | d                            |                 |                  |   |                          |  |
| (b) Address (number and street)  |                              |                 |                  |   |                          |  |
| 824 S Milledge Ave, Ste 101  |                              |                 |                  |   |                          |  |
| (c) City, State, and ZIP Code  |                              |                 |                  |   |                          |  |
| Athens   |                              |                 | GA               | 30605   |                          |  |
|  |                              |                 |                  |   |                          |  |
|  | mined this Statement and t   | o the best of   | my knowledge a   | nd belief it is true, correct an                    | d complete.<br>          |  |
| Signature of Candidate   |                              |                 |                  | Date  | •                        |  |
| Loudermilk, Barry, , ,   |                              |                 |                  | 11/13/2024  |                          |  |
| NOTE: Submission of false, erroneous,  | or incomplete information    | may subject t   | he person signin | ng this Statement to penalties                      | s of 2 U.S.C. §437g.     |  |
|  |                              |                 |                  |   |                          |  |
|  |                              |                 |                  |   |                          |  |
|  |                              |                 |                  |   |                          |  |

FEC FORM 2 (REV. 02/2009)