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## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candi											
Hanson, Meagan, Myers, ,							Lo Constituto FEO Identif				
(b) Address (number and street) ☐ Check if address PO Box 191286				ss changed		Candidate's FEC Identification Number     H2GA06172					
(c) City, State, and		_			3. Is This		ew		nended		
Brookhaven			G/	311		Staten	,	N) OR	(A	.)	
4. Party Affiliation		5. Office Sougl	nt		6. State & Dis		date				
REPUBLICAN PA	ARTY	House			GA	06					
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMM	ITTEE				
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)											
NOTE: This design	ation should be f	iled with the app	oropriate offi	ce listed in	he instructions.						
(a) Name of Comm	` ,	_									
Meagan I	Hanson for	Congress	s, Inc.								
(b) Address (numb	er and street)										
PO Box 1912	86										
(c) City, State, and	ZIP Code										
Brookhaven				GA	31119	9					
	DE	SIGNATIO	N OF OT	HED AII	THORIZED	COMMIT	TEES				
	DE			_	ng Representativ		IEES				
		•	-			•				,	
8. I hereby authorize candidacy.	the following nan	ned committee,	which is NO	I my princi	al campaign coi	mmittee, to re	eceive and ex	pend funds	on behalf	of my	
NOTE: This design	ation should be f	iled with the prir	ncipal campa	aign commit	tee.						
(a) Name of Comm	nittee (in full)										
(a) Name of Comm	intico (iii raii)										
(b) Address (numb	er and street)										
(a) City Ctata and	ZID Code										
(c) City, State, and	ZIP Code										
			, ,,				,	, ,			
	fy that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is	s true, correct	and compi	ete.		
Signature of Candidate						Date					
Hanson, Meagan, Myers, ,				tronically Filed]	nically Filed] 07/12/2021						
				Elice	ironicumy 1 neuj						
NOTE: Submission of	false, erroneous,	or incomplete i	nformation r	nay subject	the person signi	ng this State	ment to penal	Ities of 2 U.	S.C. §437g	g.	

FEC FORM 2 (REV. 02/2009)