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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Johnson-Shealey, Tamara, , ,			2. Candidate's FEC Identification Number S0GA00484		
(b) Address (number and street) 4496 E JONES BRIDGE RD		<input type="checkbox"/> Check if address changed		3. Is This Statement	
(c) City, State, and ZIP Code PEACHTREE CORNERS		GA	30092	<input type="checkbox"/> New (N)	<input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate GA 00			

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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)

Committee to Elect Tamara Johnson Shealey / Tamara For Georgia

(b) Address (number and street)  
P. O. Box 213

(c) City, State, and ZIP Code

Tucker GA 30085

### 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 Johnson-Shealey, Tamara, , ,	Date 05/11/2021
<i>[Electronically Filed]</i>	

**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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