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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		
(c) City, State, and ZIP Code PEACHTREE CORNERS GA 30092		3. Is This Statement <input type="checkbox"/> New (N) OR <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, , , [Electronically Filed]	Date 05/11/2021
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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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