

Image# 202101089398304894

PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|---|--|--|
| 1. (a) Name of Candidate (in full) KELLY, JOHN TRENT, , , | | | 2. Candidate's FEC Identification Number H6MS01131 | |
| (b) Address (number and street) 438 EAST MAIN STREET | | | <input type="checkbox"/> Check if address changed | |
| (c) City, State, and ZIP Code TUPELO MS 38804 | | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MS 01 | | |

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) KELLY FOR CONGRESS | | |
| (b) Address (number and street) 5221-A CLIFF GOOKIN BLVD | | |
| (c) City, State, and ZIP Code TUPELO MS 38801 | <div style="border: 2px solid black; padding: 5px; text-align: center;"> EXHIBIT 2 </div> | |

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) TRENT'S TROOPS PAC | | |
| (b) Address (number and street) 5221-A CLIFF GOOKIN BOULEVARD | | |
| (c) City, State, and ZIP Code TUPELO MS 38801 | | |

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 KELLY, JOHN TRENT, , , [Electronically Filed] | Date 01/08/2021 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

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)

GT FARM TEAM III

(b) Address (number and street)

PO BOX 30844
SUITE 401

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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)

KELLY JOINT FUNDRAISING COMMITTEE

(b) Address (number and street)

5221-A CLIFF GOOKIN BOULEVARD

(c) City, State, and ZIP Code

TUPELO

MS

38801

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

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

Image# 202102109427649350

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) MCCAY, JAMES, Marion, Mr., Jr. | | | 2. Candidate's FEC Identification Number H2MS01122 | |
| (b) Address (number and street) 326 Hwy 2 NE | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Corinth MS 38834 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation OTHER | 5. Office Sought House | 6. State & District of Candidate MS 01 | | |

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 for NDA | | |
| (b) Address (number and street) 326 Hwy 2 NE | | |
| (c) City, State, and ZIP Code Corinth MS 38834 | | |

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 McCay, James, Marion, Mr., Jr. [Electronically Filed] | Date 02/10/2021 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202104039443060918

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|---|--|--|
| 1. (a) Name of Candidate (in full) Avery, Hunter, Kyle, Mr., | | | 2. Candidate's FEC Identification Number H2MS01130 | |
| (b) Address (number and street) 329 2nd St, Apt. 9 P.O. Box 1477 | | | <input type="checkbox"/> Check if address changed | |
| (c) City, State, and ZIP Code Belmont MS 38827 | | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate MS 01 | | |

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) Hunter Avery Congressional Committee | | |
| (b) Address (number and street) 329 2nd St, Apt. 9 P.O. Box 1477 | | |
| (c) City, State, and ZIP Code Belmont MS 38827 | | |

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 Avery, Hunter, Kyle, Mr., [Electronically Filed] | Date 04/03/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
FEC MAIL CENTER

2021 OCT 14 PM 12:32

| | | | | |
|--|----------------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) <u>Gerald M Kerner</u> | | | 2. FEC Candidate Identification Number <u>To be assigned</u> | |
| (b) Address (number and street) <u>201 West Main Street</u> | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code <u>Clinton MS 39056</u> | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation <u>Democrat</u> | 5. Office Sought <u>House</u> | 6. State & District of Candidate <u>MS-02</u> | | |

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) <u>Kerner For Congress Committee</u> | |
| (b) Address (number and street) <u>201 West Main Street</u> | |
| (c) City, State, and ZIP Code <u>Clinton MS 39056</u> | |

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 <u>Gerald M Kerner</u> | Date <u>Oct 5, 2021</u> |
|--|----------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation
of Additional Authorized Committees

Page ____ of ____

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

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

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

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

NON-CONFIDENTIAL

Kerner For Congress Committee

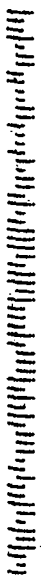
www.Kerner4Congress.com

201 West Main Street
Clinton, MS 39056

Federal Election Commission
1050 First St NE
Washington DC
20463

Form 2

20463-



JACKSON MS 390
5 OCT 2021 PM 3 L

RECEIVED
FEDERAL ELECTION COMMISSION
2021 OCT 14 PM 12:32



NO POSTAGE REQUIRED IF MAILED IN THE UNITED STATES

| Federal Election Commission | | |
|--|----------------------------|-------------------------------|
| ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS | | |
| The FEC added this page to the end of this filing to indicate how it was received. | | |
| <input type="checkbox"/> Hand Delivered | | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked 10/5/21 | Date of Receipt 10/14/21 |
| <input type="checkbox"/> USPS Registered/Certified | | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | | Postmarked |
| <input type="checkbox"/> Postmark Illegible | | |
| <input type="checkbox"/> No Postmark | | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | | Shipping Date |
| | Next Business Day Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | | Date of Receipt or Postmarked |
| PS | | 10/15/21 |
| PREPARER | | DATE PREPARED |

(3/2015)

2025 RELEASE UNDER E.O. 14176

Image# 202105049446279923

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) FLOWERS, BRIAN WESLEY, , , | | | 2. Candidate's FEC Identification Number H0MS02082 | |
| (b) Address (number and street) 127 MARION DR. | | <input checked="" type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code CLINTON MS 39056 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation Rep | 5. Office Sought House | 6. State & District of Candidate MS 02 | | |

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) FLOWERS FOR CONGRESS | | |
| (b) Address (number and street) P.O. Box 607 | | |
| (c) City, State, and ZIP Code CLINTON MS 39056 | | |

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 FLOWERS, BRIAN WESLEY, , , [Electronically Filed] | Date 04/21/2021 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202012089366438918

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Keuneke, Jeffrey, Lynn, Mr. | | | 2. Candidate's FEC Identification Number H2MS02153 | |
| (b) Address (number and street) 111 Suzanne Cove | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Clinton MS 39056 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MS 02 | | |

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) Keuneke for Congree | | |
| (b) Address (number and street) 111 Suzanne Cove | | |
| (c) City, State, and ZIP Code Clinton MS 39056 | | |

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 Keuneke, Jeffrey, , Mr. [Electronically Filed] | Date 12/08/2020 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202102229428801151

PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Thompson, Bennie, G., , | | | 2. Candidate's FEC Identification Number H4MS02068 | |
| (b) Address (number and street) 103 L.C. Turner Circle | | <input checked="" type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Bolton MS 39041-9634 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate MS 02 | | |

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) Friends of Bennie Thompson | | |
| (b) Address (number and street) PO Box 100 | | |
| (c) City, State, and ZIP Code Bolton MS 39041-0100 | | |

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 Thompson, Bennie, G., , [Electronically Filed] | Date 02/22/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: F2N
Transaction ID :

Form/Schedule:
Transaction ID:

Image# 201901299144050342

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|---|--|--|
| 1. (a) Name of Candidate (in full) GUEST, MICHAEL PATRICK, , , | | | 2. Candidate's FEC Identification Number H8MS03125 | |
| (b) Address (number and street) POST OFFICE BOX 470 | | | <input type="checkbox"/> Check if address changed | |
| (c) City, State, and ZIP Code BRANDON MS 39043 | | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MS 03 | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) FRIENDS OF MICHAEL GUEST | | |
| (b) Address (number and street) POST OFFICE BOX 470 | | |
| (c) City, State, and ZIP Code BRANDON MS 39043 | | |

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) GUEST PAC | | |
| (b) Address (number and street) POST OFFICE BOX 80 | | |
| (c) City, State, and ZIP Code JACKSON MS 39205 | | |

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 GUEST, MICHAEL PATRICK, , , [Electronically Filed] | Date 01/29/2019 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202108129466245135

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Young, Shuwaski, , , | | | 2. Candidate's FEC Identification Number H2MS03136 | |
| (b) Address (number and street) PO Box 151 | | <input checked="" type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Jackson MS 39205 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate MS 03 | | |

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) Shuwaski Young for Congress | | |
| (b) Address (number and street) PO Box 151 | | |
| (c) City, State, and ZIP Code Jackson MS 39205 | | |

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 Young, Shuwaski, , , [Electronically Filed] | Date 08/12/2021 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202108069466209486

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Talley, Rahim, D, , | | | 2. Candidate's FEC Identification Number H2MS03144 | |
| (b) Address (number and street) 711 LAKE HARBOUR DR 1214 | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code RIDGELAND MS 39157 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate MS 03 | | |

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 Rahim Talley | | |
| (b) Address (number and street) 711 LAKE HARBOUR DR 1214 | | |
| (c) City, State, and ZIP Code RIDGELAND MS 39157 | | |

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 Talley, Rahim, D, Mr, [Electronically Filed] | Date 08/06/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202111029468414528

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Lee, Aaron, Payton, , | | | 2. Candidate's FEC Identification Number H2MS04316 | |
| (b) Address (number and street) 1955 Kornman Dr | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Biloxi MS 39532 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation INDEPENDENT | 5. Office Sought House | 6. State & District of Candidate MS 04 | | |

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) Lee4Liberty | | |
| (b) Address (number and street) 1955 Kornman Dr | | |
| (c) City, State, and ZIP Code Biloxi MS 39532 | | |

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 Lee, Aaron, Payton, , [Electronically Filed] | Date 11/02/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202101319423767104

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Johnson, Alden, Patrick, Mr., | | | 2. Candidate's FEC Identification Number H2MS04233 | |
| (b) Address (number and street) 803 Mildred Street | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Petal MS 39465 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation LIBERTARIAN | 5. Office Sought House | 6. State & District of Candidate MS 04 | | |

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) Alden for Congress | | |
| (b) Address (number and street) 803 Mildred Street | | |
| (c) City, State, and ZIP Code Petal MS 39465 | | |

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, Alden, Patrick, Mr., [Electronically Filed] | Date 01/31/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202110249468348928

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Wiggins, Christopher, Brice, , | | | 2. Candidate's FEC Identification Number H2MS04308 | |
| (b) Address (number and street) P.O. Box 1611 | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Ocean Springs MS 39566 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MS 04 | | |

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) Brice Wiggins for Congress | | |
| (b) Address (number and street) P.O. Box 1611 | | |
| (c) City, State, and ZIP Code Ocean Springs MS 39566 | | |

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 Wiggins, Christopher, Brice, , [Electronically Filed] | Date 10/24/2021 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202103089440305651

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Carl, Boyanton, , , | | | 2. Candidate's FEC Identification Number HOMS04161 | |
| (b) Address (number and street) 11440 Haleiwa Place | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Diamondhead MS 39525 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MS 04 | | |

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) CARL4CONGRESS, LLC | | |
| (b) Address (number and street) 11440 HALEIWA PLACE | | |
| (c) City, State, and ZIP Code DIAMONDHEAD MS 39525 | | |

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 Boyanton, Carl, , , [Electronically Filed] | Date 03/08/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202109079466621953

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Wagner, Clay, , , | | | 2. Candidate's FEC Identification Number H2MS04274 | |
| (b) Address (number and street) PO Box 70 | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Kiln MS 39556 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MS 04 | | |

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) Clay Wagner for Congress | | |
| (b) Address (number and street) PO Box 70 | | |
| (c) City, State, and ZIP Code Kiln MS 39556 | | |

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 Wagner, Clay, , , [Electronically Filed] | Date 09/07/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202109109466644999

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Sellers, David, , , | | | 2. Candidate's FEC Identification Number H2MS04282 | |
| (b) Address (number and street) PO Box 15561 | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Hattiesburg MS 39404 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate MS 04 | | |

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) FRIENDS OF DAVID SELLERS | | |
| (b) Address (number and street) PO BOX 15561 | | |
| (c) City, State, and ZIP Code HATTIESBURG MS 39404 | | |

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 Sellers, David, , , [Electronically Filed] | Date 09/10/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202102149427791184

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|--|--|
| 1. (a) Name of Candidate (in full) Hudson, Jesse, Graham, , | | |
| (b) Address (number and street) 17 Chandeleur Pt | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code hattiesburg MS 39402 | | 2. Candidate's FEC Identification Number H2MS04241 |
| 4. Party Affiliation INDEPENDENT | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 5. Office Sought House | | 6. State & District of Candidate MS 04 |

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) Graham Hudson for Congress | | |
| (b) Address (number and street) PO Box 17017 | | |
| (c) City, State, and ZIP Code Hattiesburg MS 39404 | | |

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 Hudson, Jesse, Graham, Mr., [Electronically Filed] | Date 02/14/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202110079467206560

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Hook, Louis, Charles, Dr., | | | 2. Candidate's FEC Identification Number H2MS04290 | |
| (b) Address (number and street) 1440 Beach Blvd. Suite 416 | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code BILOXI MS 39530 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MS 04 | | |

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) MRGS | | |
| (b) Address (number and street) 1440 Beach Blvd. Suite 416 Suite 416 | | |
| (c) City, State, and ZIP Code BILOXI MS 39530 | | |

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 Hook, Louis, Charles, Dr., [Electronically Filed] | Date 10/07/2021 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202104079443074436

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Ezell, Walter, Michael, , | | | 2. Candidate's FEC Identification Number H2MS04258 | |
| (b) Address (number and street) 808 Grant Avenue | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Pascagoula MS 39567 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MS 04 | | |

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 Mike Ezell | | |
| (b) Address (number and street) P.O. Box 1842 | | |
| (c) City, State, and ZIP Code Gulfport MS 39502 | | |

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 Ezell, Walter, Michael, , [Electronically Filed] | Date 04/07/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202104309446140765

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | | |
|---|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) BROOKS, RAYMOND, N, , | | | 2. Candidate's FEC Identification Number H2MS04266 | | |
| (b) Address (number and street) 5202 WASHINGTON AVE | | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code GULFPORT MS 39507 | | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation REPUBLICAN PARTY | | 5. Office Sought House | | 6. State & District of Candidate MS 04 | |

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 RAYMOND N BROOKS | | |
| (b) Address (number and street) P.O. BOX 7241 | | |
| (c) City, State, and ZIP Code GULFPORT MS 39506 | | |

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 BROOKS, RAYMOND, N, , [Electronically Filed] | Date 04/30/2021 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Image# 202104099443158952

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) PALAZZO, STEVEN MCCARTY, , , | | | 2. Candidate's FEC Identification Number H0MS04120 | |
| (b) Address (number and street) P.O. BOX 4634 | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code BILOXI MS 39535 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MS 04 | | |

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) PALAZZO FOR CONGRESS | | |
| (b) Address (number and street) Post Office Box 6217 | | |
| (c) City, State, and ZIP Code Gulfport MS 39506 | | |

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) PATRIOT POLITICAL ACTION COMMITTEE | | |
| (b) Address (number and street) 13155 HIGHWAY 67 SUITE B | | |
| (c) City, State, and ZIP Code BILOXI MS 39532 | | |

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 PALAZZO, STEVEN MCCARTY, , , [Electronically Filed] | Date 04/09/2021 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|