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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Flowers, Marcus, O, Mr,		Shook if!-!			2 Condidate!- FFO!	and details FFO Island Wilson's No.			
	(b) Address (number and street)  PO Box 171  Check if address changed					Candidate's FEC Identification Number     H4GA13083				
	(c) City, State, and ZIP Code  Bremen GA 30110						lew		nded	
_	Bremen		N) OR	(A)						
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug House	jht		6. State & Dist	trict of Candidate 13				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
MARCUS FLOWERS FOR GEORGIA										
	(b) Address (number and street)									
	PO BOX 171									
	(c) City, State, and ZIP Code									
	BREMEN				GA	30110				
(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 exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct	t and complet	e.		
Signature of Candidate						Date				
Flowers, Marcus, O, ,						05/09/2024				
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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FEC FORM 2 (REV. 02/2009)