## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Pinkins, Ty, , ,		1 16 11			10.0 11.11	211 22 2			
	(b) Address (number and street) 125 Memory Ln	c)			2. Candidate's FEC Identification Number S4MS00187					
	(c) City, State, and ZIP Code					3. Is This	New		Amended	
	Vicksburg					Statement	(N) (	OR	(A)	
4.	Party Affiliation	5. Office Sough	t		1	rict of Candidate				
	DEMOCRATIC PARTY	Senate			MS	00				
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)									
Ty Pinkins for Congress										
	(b) Address (number and street) P.O. Box 4525									
	(c) City, State, and ZIP Code									
	Jackson				MS	39296				
	DE	CIONATION	LOFOTI	IED ALL	TUODIZED.	COMMITTEES				
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										
	Loortify that I have eve	minad this Stata	mont and to	the best of	my knowlodgo a	and haliaf it is true, as	erroot and or	omploto		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
	gnature of Candidate		Date							
Pi	inkins, Ty, , ,			[Elec	tronically Filed]	12/22/2022				
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 (REV. 02/2009)