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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Flowers, Tracy, Levon, ,

(b) Address (number and street) ☐ Check if address changed
651 Robert St. NW

2. Candidate's FEC Identification Number
P20005872

(c) City, State, and ZIP Code
Atlanta AL 30318

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
Presidential

6. State & District of Candidate
00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Tracy Levon Flowers

(b) Address (number and street)
651 Robert St. Nw

(c) City, State, and ZIP Code
Atlanta GA 30318

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, Tracy, L, , ***[Electronically Filed]***

Date
06/06/2022

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