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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) DuPriest, Karla, , ,			2. Candidate's FEC Identification Number S2AL00228	
(b) Address (number and street) 5319 HWY 90 W Ste 102 Pmb128		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Mobile AL 36619		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate AL 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) Karla DuPriest for U.S. Senate	
(b) Address (number and street) 3248 Schillinger Rd S	
(c) City, State, and ZIP Code Mobile AL 36695	

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 DuPriest, Karla, , , [Electronically Filed]	Date 01/26/2022
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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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