Image# 202107089450992795 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | | |
|---|--|------------------|---|-------------|-------------------|------------------|------------|----------|----------|----------|---------|--|
| | Samuels, E., Benjamin, , | | | | | | | | | | | |
| | (b) Address (number and street) 9621 Olive Blvd. | | Candidate's FEC Identification Number H2MO02193 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | New | | | Amended | |
| | Saint Louis | MO 63132 | | | | Statem | nent 🗶 | (N) | OR | Ш | (A) | |
| 4. | Party Affiliation | 5. Office Sou | ght | | 6. State & Dist | rict of Candid | date | | | | | |
| | DEMOCRATIC PARTY | House | | | MO | 02 | | | | | | |
| | D | ESIGNATIC | N OF PR | INCIPAL | CAMPAIGN | N COMMI | TTEE | | | | | |
| 7. | 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) | | | | | | | | | | | |
| | Ben Samuels for C | ongress | | | | | | | | | | |
| | (b) Address (number and street) 9621 Olive Blvd. | | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | | |
| | Saint Louis | | | | MO | 63132 | ! | | | | | |
| (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 ex | amined this Sta | tement and to | the best of | my knowledge a | and belief it is | true, cori | rect and | comple | ete. | | |
| Si | gnature of Candidate | | | | | Date | | | | | | |
| Samuels, E., Benjamin, , [Electronically Filed | | | | | | 07/08/2021 | | | | | | |
| NO | OTE: Submission of false, erroneou | s, or incomplete | information r | nay subject | the person signir | ng this Staten | nent to pe | enalties | of 2 U.S | S.C. §43 | 37g. | |
| | | | | | | | | | | | | |
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FEC FORM 2 (REV. 02/2009)