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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
|----|---|----------------------------|---------------|------------|------------------|---|--------------|-----------|----------|----------|
| | KELLY, JOHN TRENT, , , (b) Address (number and street) | □ Check | if addrage a | hangad | | 2 Candidata's EE | Identifica | ation Ni. | mher | |
| | 438 EAST MAIN STREET | ☐ Check if address changed | | | | Candidate's FEC Identification Number H6MS01131 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | New | | | nended |
| | TUPELO | | MS | 3880 | | Statement | (N) | OR | (A) | <u> </u> |
| 4. | Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | | | 6. State & Disti | rict of Candidate 01 | | | | |
| | REPUBLICAN PARTT | riouse | | | IVIO | | | | | |
| | DE | SIGNATION O | F PRIN | CIPAL | CAMPAIGN | N COMMITTEE | | | | |
| 7. | I hereby designate the following nar | ned political commit | tee as my P | rincipal (| Campaign Comn | | f election) | election | n(s). | |
| | NOTE: This designation should be f | iled with the appropr | iate office l | sted in th | ne instructions. | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| | KELLY FOR CONG | RESS | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | POST OFFICE BOX 7092 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | TUPELO | | | | MS | 38802 | | | | |
| | I hereby authorize the following name candidacy. NOTE: This designation should be fi | ned committee, whic | h is NOT m | y principa | | , | nd expend | funds o | n behalf | of my |
| | | ned with the principa | ıı campaign | COMMIN | | | | | | |
| | (a) Name of Committee (in full) | -0.04.0 | | | | | | | | |
| | SOUTHERN STATE | ES PAC | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | POST OFFICE BOX 905 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | TUPELO | | | | MS | 38802 | | | | |
| | | | | | | | | | | |
| | I certify that I have exa | mined this Statemer | nt and to the | best of i | my knowledge a | nd belief it is true, co | orrect and o | complet | e. | |
| Si | gnature of Candidate | | | | | Date | | | | |
| K | ELLY, JOHN TRENT, , , | | | | | 01/03/2025 | | | | |
| NC | DTE: Submission of false, erroneous, | or incomplete inform | nation mav | subject t | he person sianin | ng this Statement to | oenalties o | of 2 U.S. | C. §437n | |
| | | | - I | | | - Jane Clarentent to p | 3.10.1100 0 | | 3 1019 | - |
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

| Paga | 2 of | 2 | |
|------|------|---|--|
| Page | - 01 | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

| | (including Joint Fundralsing Representatives) | | | | | | | |
|----|--|--|--|--|--|--|--|--|
| 3. | 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) | | | | | | | |
| | KELLY JOINT FUNDRAISING COMMITTEE | | | | | | | |
| | (b) Address (number and street) POST OFFICE BOX 905 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | TUPELO MS 38802 | | | | | | | |
| | | | | | | | | |
| 3. | 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 | | | | | | | |
| | | | | | | | | |
| 3. | 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 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3. | 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 | | | | | | | |