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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Smith, Andrew, Scott, ,					10.0 11.11.	0.1.1			
	b) Address (number and street) Check if address chan 117 Sweetgum Lane					Candidate's FEC Identification Number S6MS00125				
	(c) City, State, and ZIP Code					3. Is This	New		Amended	
	Florence		MS	39073	3	Statement	(N)	OR	(A)	
4.	Party Affiliation	5. Office Sought				rict of Candidate				
	REPUBLICAN PARTY	Senate			MS	00				
	DE	SIGNATION	OF PRIN	ICIPAL	CAMPAIG	N COMMITTEE				
7.	I hereby designate the following nar									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	ANDREW SCOTT SMITH FOR CONGRESS									
	(b) Address (number and street)									
	117 SWEETGUM LANE									
	(c) City, State, and ZIP Code									
	FLORENCE				MS	39073				
	DE	CICNIATION	OF OTH		THORIZED.	COMMITTEES				
	DE			_	g Representativ	COMMITTEES (es)	•			
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 exa	mined this Stateme	ent and to t	he best of i	my knowledge a	and belief it is true, co	orrect and o	complete),	
S:	gnature of Candidate					Date				
-										
Si	Smith, Andrew, Scott, ,						08/29/2025			
NC	OTE: Submission of false, erroneous	, or incomplete info	rmation ma	y subject tl	ne person signir	ng this Statement to	penalties of	f 2 U.S.0	C. §437g.	

FEC FORM 2 (REV. 02/2009)