

Image# 202101089398304894

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) KELLY, JOHN TRENT, , ,			2. Candidate's FEC Identification Number H6MS01131	
(b) Address (number and street) 438 EAST MAIN STREET		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code TUPELO MS 38804		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MS 01		

### 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) KELLY FOR CONGRESS		
(b) Address (number and street) 5221-A CLIFF GOOKIN BLVD		
(c) City, State, and ZIP Code TUPELO MS 38801		

### 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) TRENT'S TROOPS PAC		
(b) Address (number and street) 5221-A CLIFF GOOKIN BOULEVARD		
(c) City, State, and ZIP Code TUPELO MS 38801		

*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 KELLY, JOHN TRENT, , ,  <i>[Electronically Filed]</i>	Date 01/08/2021
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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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

**GT FARM TEAM III**

(b) Address (number and street)

PO BOX 30844  
SUITE 401

(c) City, State, and ZIP Code

BETHESDA MD 20824

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)

**KELLY JOINT FUNDRAISING COMMITTEE**

(b) Address (number and street)

5221-A CLIFF GOOKIN BOULEVARD

(c) City, State, and ZIP Code

TUPELO MS 38801

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

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