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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
|---|--|-----------------------|--------------|------------------|------------------|---|---------------|--------------|-------------|--|
| | FLOWERS, BRIAN WESLEY, | | k if address | e changed | | 2 Candidate | a's FEC Idon | tification N | Jumher | |
| | (b) Address (number and street) 127 MARION DR. | | | | | Candidate's FEC Identification Number H0MS02082 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | Ne | | Amended | |
| | CLINTON | | MS | 39056 | | Stateme | , |) OR | (A) | |
| 4. | Party Affiliation | 5. Office Sought | | | 6. State & Dist | | ate | | | |
| | Rep | House | | | MS | 02 | | | | |
| | DE | SIGNATION | OF PRII | NCIPAL | CAMPAIG | N COMMIT | TTEE | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | |
| | (a) Name of Committee (in full) FLOWERS FOR CO | ONGRESS | | | | | | | | |
| | (b) Address (number and street) P.O. Box 607 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | CLINTON | | | | MS | 39056 | | | | |
| | | | | | | | | | | |
| | DE | SIGNATION (| OE OTH | IED AIIT | TUODIZED | COMMITT | TEES | | | |
| 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 to | iled with the princip | al campai | gn committe | ee. | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | | |
| | | | | | | | | | | |
| | (h) Address (number and street) | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | | | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | I certify that I have exa | mined this Stateme | ent and to t | the best of I | my knowledge a | and belief it is t | true, correct | and comp | lete. | |
| Sig | nature of Candidate | | | | | Date | | | | |
| FLOWERS, BRIAN WESLEY, , , | | | | ronically Filed] | 04/21/2021 | | | | | |
| | | | | Elitti | ionicumy 1 meuj | | | | | |
| | | | | | | | | | | |
| NC | TE: Submission of false, erroneous | , or incomplete info | rmation ma | ay subject tl | ne person signir | ng this Stateme | ent to penalt | ies of 2 U. | S.C. §437g. | |
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| NC | TE: Submission of false, erroneous | , or incomplete info | rmation ma | ay subject tl | ne person signir | ng this Stateme | ent to penalt | ies of 2 U. | S.C. §437g. | |

FEC FORM 2 (REV. 02/2009)