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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | |
|---|---|----------------------------|------------------------|---------------|------------------|---|-------|--|
| | Eubanks, Dan, , , (b) Address (number and street) | ПС | back if addra | ss changed | | 2. Candidate's FEC Identification Number | | |
| | PO Box 184 | ☐ Check if address changed | | | | S4MS00195 | | |
| _ | (c) City, State, and ZIP Code | | | | | | ended | |
| | Walls | | MS | 38680 | | Statement (N) OR (A) | | |
| 4. | Party Affiliation | 5. Office Soug | | | | rict of Candidate | | |
| | REPUBLICAN PARTY | Senate | | | MS | 00 | | |
| | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | |
| 7. | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| (a) Name of Committee (in full) DAN EUBANKS FOR MISSISSIPPI | | | | | | | | |
| | (b) Address (number and street) 6912 GINWOOD COVE | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | WALLS | | | | MS | 38680 | | |
| | | | | | | | | |
| 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) | | | | | | | | |
| | (a) Name of Committee (in rail) | | | | | | | |
| | | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | | | | | | | | |
| _ | (c) City, State, and ZIP Code | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | I certify that I have exa | nmined this Sta | tement and to | the best of i | my knowledge a | and belief it is true, correct and complete. | | |
| Signature of Candidate | | | | | Date | | | |
| Eubanks, Dan, , , | | | [Electronically Filed] | | | 07/05/2023 | | |
| | | | | Elect | тописину Т неи ј | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | |
| NC | OTE: Submission of false, erroneous | , or incomplete | information m | nay subject t | ne person signi | ng this Statement to penalties of 2 U.S.C. §437g. | | |
| NC | OTE: Submission of false, erroneous | , or incomplete | information n | nay subject t | ne person signi | ng this Statement to penalties of 2 U.S.C. §437g. | | |
| NC | DTE: Submission of false, erroneous | , or incomplete | information n | nay subject t | ne person signi | ng this Statement to penalties of 2 U.S.C. §437g. | | |

FEC FORM 2 (REV. 02/2009)