

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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 2021 MAY 13 PM 1:53

1. (a) Name of Candidate (in full) Mary Kathleen Brown		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 4715 Taft Boulevard		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code Wichita Falls, Texas 76308		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Democrat	5. Office Sought U.S. Representative	6. State & District of Candidate Texas District 13

**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) Kathleen for Congress
(b) Address (number and street) 4715 Taft Boulevard
(c) City, State, and ZIP Code Wichita Falls, TX 76308

**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)
(b) Address (number and street)
(c) City, State, and ZIP Code

*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 	Date 05/03/2021
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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**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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(b) Address (number and street)

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(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

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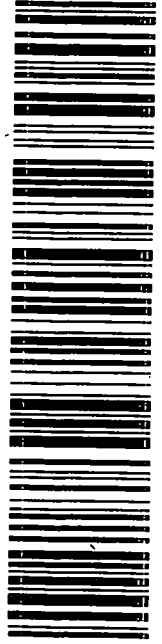


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05-14-21  
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