Image# 29992414866 FEC FORM 2 **STATEMENT OF CANDIDACY**

| 1. (a) Name o | f Candidate (| in full) | | | | | | | | | |
|---|-----------------|--------------|---------------------------|----------------|----------------|-----------------|------------------------------------|-----------------------------|-----------|-------|-----------|
| Mrs Jane E | | | | | | | | | | | |
| | ss (number a | nd street) | Check if address changed | | | | 2. Identification Number H8SC03054 | | | | |
| PO Box 10 | State and ZIF | Code | | | | | 3 Is This Now Amended | | | | |
| Easley | | | SC 29641 | | | | Statemer | $x = \frac{ x ^{New}}{(N)}$ | OR | | (A) |
| 4. Party Affiliation | | | 5. Office Sought 6. State | | | 6. State & Dis | District of Candidate | | | | |
| DEMOCRA | ATIC PARTY | , | House SC 03 | | | | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the | | | | | | | | | | | |
| NOTE:Thi | s designation | should be | filed with the a | ppropriate off | fice listed in | the instruction | s. | | | | |
| (a) Name | of Committee | (in full) | | | | | | | | | |
| Jane D | Oyer for Cong | ress | | | | | | | | | |
| (b) Addres | ss (number a | nd street) | | | | | | | | | |
| РО Во | x1000 | | | | | | | | | | |
| (c) City, S | State and ZIF | Code | | | | | | | | | |
| Easley SC 29641 | | | | | | | | | | | |
| (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. | | | | | | | | | | | |
| | | | <u>'</u> | | | | | | | | |
| (a) Name | of Committee | (in full) | | | | | | | | | |
| (b) Address (number and street) | | | | | | | | | | | |
| (c) City, Si | tate and ZIP | Code | | | | | | | | | |
| | I certify tha | t I have exa | mined this Sta | tement and to | o the best of | my knowledge | e and belief it i | s true, correc | et, and c | omple | ete. |
| Signature of Candidate | | | | | | | Date | | | | |
| Mrs Jane B Dyer | | | | | | | 06/15/1900 | | | | |
| NOTE:Subm | ission of false | e, erroneou | s or incomplet | e information | may subjec | t the person si | gning this Sta | tement to pen | alties of | 2 U.S | .C.§437g. |
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| | | | | | | | | | | | |

FEC FORM 2 (REV. 02/2009)