FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
   Graham, Jaquelyn, , ,

   (b) Address (number and street)   ☐ Check if address changed
   950 HERON OAKS LOOP

2. Candidate's FEC Identification Number
   H6SC07026

   (c) City, State, and ZIP Code
   LITTLE RIVER   SC   29566

3. Is This Statement   ☒ New (N)   **OR**   ☐ Amended (A)

4. Party Affiliation
   NPA

5. Office Sought
   House

6. State & District of Candidate
   SC   07

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the ___2026___ 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)

   Jaquelyn Graham

   (b) Address (number and street)
   950 HERON OAKS LOOP

   (c) City, State, and ZIP Code

   LITTLE RIVER   SC   29566

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)

   Jaquelyn Graham

   (b) Address (number and street)
   950 HERON OAKS LOOP

   (c) City, State, and ZIP Code

   LITTLE RIVER   SC   29566

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**
Graham, Jaquelyn, , ,	02/10/2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

: 97 ˙A=G7 9 @@5 B9 CI G˙H9 L H˙F9 @5 H98 ˙HC ˙5 ˙F9 DCFH˝G7 < 9 8 I @9 ˙CF ˙H9 A=N5 H=CB

Form/Schedule: F2N
Transaction ID :

2026 Special Election.

Form/Schedule:
Transaction ID: