FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)				
Hon. Marshall C. Sanford				
(b) Address (number and street) 509 King Street	□ Check if address changed			2. Candidate's FEC Identification Number H4SC01073
(c) City, State, and ZIP Code				3. Is This New Amende
Mount Pleasant	SC	29464	1-5312	Statement (N) OR X (A)
4. Party Affiliation	5. Office Sought		6. State & Distr	rict of Candidate
REPUBLICAN PARTY	House		SC	01
DE 7. I hereby designate the following nar	SIGNATION OF PRI			
NOTE: This designation should be f	led with the appropriate office	e listed in th	e instructions.	
(a) Name of Committee (in full) SANFORD FOR CC	NGRESS			
(b) Address (number and street) P. O. BOX 160				
(c) City, State, and ZIP Code				
Sullivans Island			SC	29482-0160
 8. I hereby authorize the following name candidacy. NOTE: This designation should be find the following name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 				nmittee, to receive and expend funds on behalf of my
	mined this Statement and to t	the hest of r	ny knowledge av	nd belief it is true, correct and complete.
		line best of f		-
Signature of Candidate				Date
Hon. Marshall C. Sanford		[Elect	ronically Filed]	05/21/2015
NOTE: Submission of false, erroneous,	or incomplete information ma	ay subject th	ne person signin	ig this Statement to penalties of 2 U.S.C. §437g.
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