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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.                     | (a) Name of Candidate (in full)  |                    |                |              |                     |   |                  |          |             |
|------------------------|--|--------------------|----------------|--------------|---------------------|---|------------------|----------|-------------|
|                        | Anderson, Austin, H, ,   |                    |                |              |                     | 1   |                  |          |             |
|                        | (b) Address (number and street)<br>348 Ball Park Rd  |                    |                |              |                     | Candidate's FEC Identification Number H4SC01289 |                  |          |             |
|                        | (c) City, State, and ZIP Code  |                    |                |              |                     | 3. Is This                                      | New              |          | Amended     |
|                        | Saint Helena Is  |                    | SC             | 299          | 920                 | Statement <b>X</b>                              | (N) OR           | (        | A)          |
| 4.                     | Party Affiliation  | 5. Office Soug     | ht             |              |                     | rict of Candidate                               |                  |          |             |
|                        | REPUBLICAN PARTY   | House              |                |              | SC                  | 01  |                  |          |             |
|                        | DE   | SIGNATIO           | N OF PR        | INCIPA       | L CAMPAIGN          | N COMMITTEE                                     |                  |          |             |
| 7.                     | 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 f   | filed with the ap  | propriate offi | ce listed ir | the instructions.   |   |                  |          |             |
|                        | (a) Name of Committee (in full)  |                    |                |              |                     |   |                  |          |             |
|                        | Austin Anderson Cit  | tizens for         |                |              |                     |   |                  |          |             |
|                        | (b) Address (number and street)<br>348 Ball Park Rd  |                    |                |              |                     |   |                  |          |             |
|                        | (c) City, State, and ZIP Code  |                    |                |              |                     |   |                  |          |             |
|                        | Saint Helena Island  |                    |                |              | SC                  | 29920   |                  |          |             |
|                        |  |                    |                |              |                     |   |                  |          |             |
|                        | DE   | SIGNATIO           | N OF OT        |              | ITHODIZED           | COMMITTEES                                      |                  |          |             |
|                        | DE   |                    |                |              | sing Representativ  |   |                  |          |             |
|                        | I hereby authorize the following nan candidacy.  | ned committee,     | which is NO    | T my princ   | ipal campaign con   | mmittee, to receive and                         | expend funds     | on beha  | lf of my    |
|                        | NOTE: This designation should be f   | filed with the pri | ncipal campa   | aign comm    | ittee.              |   |                  |          |             |
|                        | (a) Name of Committee (in full)  |                    |                |              |                     |   |                  |          |             |
|                        | ( )  |                    |                |              |                     |   |                  |          |             |
|                        |  |                    |                |              |                     |   |                  |          |             |
|                        | (b) Address (number and street)  |                    |                |              |                     |   |                  |          |             |
|                        |  |                    |                |              |                     |   |                  |          |             |
|                        | (c) City, State, and ZIP Code  |                    |                |              |                     |   |                  |          |             |
|                        |  |                    |                |              |                     |   |                  |          |             |
|                        |  |                    |                |              |                     |   |                  |          |             |
|                        | I certify that I have exa  | mined this Stat    | ement and to   | the best o   | of my knowledge a   | and belief it is true, corr                     | ect and compl    | ete.     |             |
| Signature of Candidate |  |                    |                |              |                     | Date  |                  |          |             |
| An                     | derson, Austin, , ,  |                    |                | Œ            |                     | 01/20/2023                                      |                  |          |             |
|                        | aerson, Austin, , ,  |                    |                | 115.11       |                     |   |                  |          |             |
|                        | uerson, Austin, , ,  |                    |                | [25.         | ectronically Filed] |   |                  |          |             |
| NO                     | TE: Submission of false, erroneous   | , or incomplete    | information r  |              |                     |   | nalties of 2 U.S | S.C. §43 | 7g.         |
| NO                     |  | , or incomplete    | information r  |              |                     |   | nalties of 2 U.S | S.C. §43 | 7g.         |
| NO                     |  | , or incomplete    | information r  |              |                     |   | nalties of 2 U.S | S.C. §43 | <b>7</b> g. |

FEC FORM 2 (REV. 02/2009)