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FEC FORM 2

STATEMENT OF CANDIDACY

1.	/) 11								
	(a) Name of Candidate (in full)								
	Mace, Nancy, , ,								
	(b) Address (number and street) 295 Seven Farms Drive Suite C-186		Check if addre	ess changed		2. Candidat H0SC0	e's FEC Identifio 1394	cation Numb	er
	(c) City, State, and ZIP Code					3. Is This	New		Amended
	Charleston		S	2949	2	Stateme	ent (N)	or >	(A)
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	trict of Candida	ate		
	REPUBLICAN PARTY	House			SC	01			
	DE	SIGNATIC	N OF PR	INCIPAL	CAMPAIGI	N COMMIT	TTEE		
7.	I hereby designate the following nar	ned political co	ommittee as n	ny Principal	Campaign Com		2024 (year of election	_ election(s) n)	
	NOTE: This designation should be f	iled with the ap	opropriate off	ice listed in t	he instructions.				
	(a) Name of Committee (in full) Nancy Mace for Cor	naress							
	rtariey Made for eor	igicoo							
	(b) Address (number and street)								
	295 Seven Farms Drive								
	Suite C-186								
	(c) City, State, and ZIP Code								
	Charleston				SC	29492			
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMIT	ΓEES		
		(Including Join	nt Fundraisir	g Representativ	ves)			
8.	I hereby authorize the following nam	ned committee	. which is NO	T my princip	al campaign cor	mmittee, to rec	ceive and expen	d funds on b	ehalf of my
	9		,	71 -1	1 . 3	,			
	candidacy.								
	candidacy.								
	candidacy. NOTE: This designation should be f	iled with the pr	incipal campa	aign committ	ee.				
	•	iled with the pr	incipal campa	aign committ	ee.				
	NOTE: This designation should be f	iled with the pr	incipal campa	aign committ	ee.				
	NOTE: This designation should be f (a) Name of Committee (in full)	iled with the pr	incipal campa	aign committ	ee.				
	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace	iled with the pr	incipal campa	aign committ	ee.				
	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street)	iled with the pr	incipal campa	aign committ	ee.				
	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101	iled with the pr	incipal campa	aign committ	ee.	30605			
	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101 (c) City, State, and ZIP Code	iled with the pr	incipal campa	aign committ		30605			
	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101 (c) City, State, and ZIP Code				GA		true, correct and	d complete.	
Sig	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101 (c) City, State, and ZIP Code Athens				GA		true, correct and	d complete.	
	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101 (c) City, State, and ZIP Code Athens I certify that I have example of Candidate				GA	and belief it is		d complete.	
	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101 (c) City, State, and ZIP Code Athens				GA	and belief it is		d complete.	
	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101 (c) City, State, and ZIP Code Athens I certify that I have example of Candidate				GA	and belief it is		d complete.	
M	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101 (c) City, State, and ZIP Code Athens I certify that I have example of Candidate	mined this Sta	tement and to	o the best of	GA my knowledge a	Date 12/20/202	3		6437g.
M	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101 (c) City, State, and ZIP Code Athens I certify that I have example and the state of Candidate face, Nancy, , ,	mined this Sta	tement and to	o the best of	GA my knowledge a	Date 12/20/202	3		9437g.
M	NOTE: This designation should be f (a) Name of Committee (in full) Team Mace (b) Address (number and street) 824 S. Milledge Ave. Ste. 101 (c) City, State, and ZIP Code Athens I certify that I have example and the state of Candidate face, Nancy, , ,	mined this Sta	tement and to	o the best of	GA my knowledge a	Date 12/20/202	3		6437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Includina	Joint	Fundraising	Rep	resentative	es)

candidacy. NOTE : This designation shou		d funds on behalf of my	
(a) Name of Committee (in full)			
GOP WINNING WOMEN			
(b) Address (number and street) 228 S. WASHINGTON ST. STE. 115			
(c) City, State, and ZIP Code	\/A	2224.4	
ALEXANDRIA	VA	22314	
I hereby authorize the following named co- candidacy. NOTE : This designation shou	nmittee, which is NOT my principal campaiq I be filed with the principal campaign comm	-	d funds on behalf of my
(a) Name of Committee (in full)			
Mace Majority Fund			
(b) Address (number and street) 824 S Milledge Ave Ste. 101			
(c) City, State, and ZIP Code			
Athens	GA	30605	
8. I hereby authorize the following named cocandidacy. NOTE: This designation shout (a) Name of Committee (in full) PROTECT THE HOUSE 2 (b) Address (number and street) PO BOX 30844	be filed with the principal campaign comm		d funds on behalf of my
(c) City, State, and ZIP Code			
BETHESDA	MD	20824	
I hereby authorize the following named or candidacy. NOTE : This designation should be a second or candidacy.	nmittee, which is NOT my principal campaig I be filed with the principal campaign comm		d funds on behalf of my
(a) Name of Committee (in full)			
FREEDOMWORKS VICT	ORY 2023		
(b) Address (number and street) PO BOX 26141			_
(c) City, State, and ZIP Code			

Athens

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)					
3.	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)					
	GOP WINNING WOMEN 2024					
	(b) Address (number and street)					
	228 S WASHINGTON ST STE 115					
	(c) City, State, and ZIP Code					
	ALEXANDRIA	VA	22314			
3.	. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campaig (a) Name of Committee (in full)		mmittee, to receive and expend funds on behalf of my			
	Team Mace					
	(b) Address (number and street) 824 S. Milledge Ave. Ste. 101					
	(c) City, State, and ZIP Code					
	Athens	GA	30605			
3.	. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaig (a) Name of Committee (in full) GOP WINNING WOMEN (b) Address (number and street) 228 S. WASHINGTON ST. STE. 115		mmittee, to receive and expend funds on behalf of my			
	(c) City, State, and ZIP Code ALEXANDRIA	VA	22314			
3.	 I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaig 		mmittee, to receive and expend funds on behalf of my			
	(a) Name of Committee (in full)					
	Mace Majority Fund					
	(b) Address (number and street) 824 S Milledge Ave Ste. 101					
	(c) City, State, and ZIP Code					

GΑ

30605

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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 candidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)				
	PROTECT THE HOUSE 2024				
	(b) Address (number and street)				
	PO BOX 30844				
	(c) City, State, and ZIP Code				
	BETHESDA MD	2	0824		
8.	I hereby authorize the following named committee, which is NOT my principal camp candidacy. NOTE: This designation should be filed with the principal campaign con	_	ttee, to receive and expend funds on behalf of my		
	(a) Name of Committee (in full)				
	FREEDOMWORKS VICTORY 2023				
	(b) Address (number and street) PO BOX 26141				
	(c) City, State, and ZIP Code				
	ALEXANDRIA VA	22	2313		
8.	8. I hereby authorize the following named committee, which is NOT my principal camp candidacy. NOTE: This designation should be filed with the principal campaign com (a) Name of Committee (in full) GOP WINNING WOMEN 2024 (b) Address (number and street)	_	ttee, to receive and expend funds on behalf of my		
	228 S WASHINGTON ST				
	STE 115 (c) City, State, and ZIP Code				
	ALEXANDRIA	223	114		
8.	I hereby authorize the following named committee, which is NOT my principal camp candidacy. NOTE: This designation should be filed with the principal campaign con	-	ttee, to receive and expend funds on behalf of my		
	(a) Name of Committee (in full)				
	AMERICAN BATTLEGROUND FUND				
	(b) Address (number and street) PO BOX 30844				
	(c) City, State, and ZIP Code				
	BETHESDA MD	20	824		