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PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|---|---|
| 1. (a) Name of Candidate (in full) Lacore, Nancy, , , | | |
| (b) Address (number and street) 1000 Palm Blvd PO Box 1006 | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Isle of Palms | | 2. Candidate's FEC Identification Number H6SC01359 |
| 4. Party Affiliation DEMOCRATIC PARTY | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A) SC 29451 |
| 5. Office Sought House | 6. State & District of Candidate SC 01 | |

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)

Nancy Lacore for Congress

(b) Address (number and street)

1000 Palm Blvd
PO Box 1006

(c) City, State, and ZIP Code

Isle of Palms SC 29451

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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

Lacore, Nancy, , ,

Date

01/20/2026

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

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