

Image# 202204039495936421

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Pollard, Auriol, Sonia, ,			2. Candidate's FEC Identification Number H2SC06159	
(b) Address (number and street) P.O. Box 22463		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Charleston SC 29413		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate SC 06		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) FRIENDS OF SONIA MORRIS FOR CONGRESS		
(b) Address (number and street) 530 MEETING STREET #414		
(c) City, State, and ZIP Code CHARLESTON SC 29403		

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 Morris, Auriol, Sonia, , <i>[Electronically Filed]</i>	Date 04/03/2022
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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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