

Image# 202311139599048448

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) HINES, ROBERT, NICHOLAS, ,			2. Candidate's FEC Identification Number H2NC05157	
(b) Address (number and street) 355 FAITH ROAD NO. 1086		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code SALISBURY NC 28146		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 NC 06		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) BO HINES FOR CONGRESS		
(b) Address (number and street) 320 SANFORD DRIVE PO BOX 414		
(c) City, State, and ZIP Code MORGANTON NC 28655		

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 HINES, ROBERT, NICHOLAS, ,	Date 11/13/2023
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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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