Image# 202311299599366618 PAGE 1 / 4

#### FEC FORM 2

#### STATEMENT OF CANDIDACY

	ne of Candidate (in full)						
	vards, Chuck, , ,					10.0 111.1 550	er e Ni i
	ress (number and street) ' North Main St	⊔ CI	neck if addre	ss changed		2. Candidate's FEC Ide H2NC14050	entification Number
(c) City,	State, and ZIP Code						lew Amended
He	ndersonville		NC	2879	2	Statement (	N) OR × (A)
4. Party Af	ffiliation	5. Office Sough	nt			trict of Candidate	
REPUI	BLICAN PARTY	House			NC	11	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMITTEE	
7. I hereby	/ designate the following na	med political cor	nmittee as m	y Principal (	Campaign Com	mittee for the 2024 (year of ele	election(s).
NOTE:	This designation should be	filed with the ap	oropriate offi	ce listed in t	ne instructions.		
(a) Nam	ne of Committee (in full)						
CI	HUCK EDWARDS	FOR CO	NGRES	3			
(b) Add	ress (number and street)						
33	7 NORTH MAIN STREET						
(c) City,	State, and ZIP Code						
H	ENDERSONVILLE				NC	28792	
candida	•	ned committee,	which is NO	Γ my princip		•	xpend funds on behalf of my
(a) Nam	ne of Committee (in full)						
` '	DWARDS VICTO	RY FUND					
(b) Addı	ress (number and street)						
` '	BOX 97275						
(c) City,	State, and ZIP Code						
RA	LEIGH				NC	27624	
		mined this State	ement and to	the best of	my knowledge a	and belief it is true, correc	t and complete.
Signature	of Candidate					Date	
Edwards, 6	Charles, , ,					11/29/2023	
NOTE: Sub	omission of false, erroneous	, or incomplete i	nformation n	nay subject t	he person signi	ng this Statement to pena	ulties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	4
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#### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is Name candidacy. <b>NOTE</b> : This designation should be filed with the part of the p		•	ny
	(a) Name of Committee (in full)			
	CHUCK EDWARDS LEADERSHIP CO	OMMITTEE		
	(b) Address (number and street) 337 NORTH MAIN ST			
	(c) City, State, and ZIP Code			
	HENDERSONVILLE	NC	28792	
8.	I hereby authorize the following named committee, which is Normal candidacy. NOTE: This designation should be filed with the property of the control of the			ny
	(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	20824	
8.	I hereby authorize the following named committee, which is Name of Committee (in full)  BLUE RIDGE VICTORY FUND			ny
	(b) Address (number and street)			_
	(b) Address (number and street) 337 NORTH MAIN STREET			_
	,			_
	337 NORTH MAIN STREET	NC	28792	_
8.	337 NORTH MAIN STREET  (c) City, State, and ZIP Code	NOT my principal campaign o	committee, to receive and expend funds on behalf of m	my
8.	337 NORTH MAIN STREET  (c) City, State, and ZIP Code HENDERSONVILLE  I hereby authorize the following named committee, which is N	NOT my principal campaign o	committee, to receive and expend funds on behalf of m	— — — — — — — — — — — — — — — — — — —
8.	337 NORTH MAIN STREET  (c) City, State, and ZIP Code HENDERSONVILLE  I hereby authorize the following named committee, which is North candidacy. NOTE: This designation should be filed with the process of the control	NOT my principal campaign orincipal campaign committe	committee, to receive and expend funds on behalf of m	ny
8.	337 NORTH MAIN STREET  (c) City, State, and ZIP Code HENDERSONVILLE  I hereby authorize the following named committee, which is North candidacy. NOTE: This designation should be filed with the policy of the committee (in full)	NOT my principal campaign orincipal campaign committe	committee, to receive and expend funds on behalf of m	nny
8.	337 NORTH MAIN STREET  (c) City, State, and ZIP Code HENDERSONVILLE  I hereby authorize the following named committee, which is Normalized candidacy. NOTE: This designation should be filed with the position of the committee (in full)  CHUCK EDWARDS LEADERSHIP CO  (b) Address (number and street)	NOT my principal campaign orincipal campaign committe	committee, to receive and expend funds on behalf of m	

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>3</sup> of	4
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#### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(	Includina Jo	int Fundrais	sina Rer	oresentatives)

8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campai		mmittee, to receive and expend funds on behalf of my
	(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	20824
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campai		mmittee, to receive and expend funds on behalf of my
	(a) Name of Committee (in full)		
	BLUE RIDGE VICTORY FUND		
	(b) Address (number and street) 337 NORTH MAIN STREET		
	(c) City, State, and ZIP Code		
	HENDERSONVILLE	NC	28792
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campai		mmittee, 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	20824
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campain		mmittee, to receive and expend funds on behalf of my
	(a) Name of Committee (in full)		
	BLUE RIDGE VICTORY FUND		
	(b) Address (number and street) 337 NORTH MAIN STREET		
	(c) City, State, and ZIP Code		
	HENDERSONVILLE	NC	28792

FEC Form 2S (Revised 02/2017)

(c) City, State, and ZIP Code

# Optional Supplemental Page for Designation of Additional Authorized Committees

	1 - 1	
Page	$^4$ of $^4$	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Funda			
3.	I hereby authorize the following named committee, which is NOT my princandidacy. <b>NOTE</b> : This designation should be filed with the principal call			у
	(a) Name of Committee (in full)			
	CHUCK EDWARDS LEADERSHIP COMMIT	ГЕЕ		
	(b) Address (number and street)			
	337 NORTH MAIN ST			
	(c) City, State, and ZIP Code			
	HENDERSONVILLE	NC	28792	
3.	I hereby authorize the following named committee, which is NOT my prin			у
	candidacy. <b>NOTE</b> : This designation should be filed with the principal car (a) Name of Committee (in full)	npaign commit	tee.	_
	PROTECT THE HOUSE 2024			
				_
	(b) Address (number and street) PO BOX 30844			
				_
	(c) City, State, and ZIP Code			
	DETLICON	145	00004	
	BETHESDA	MD	20824	
	BETHESDA	MD	20824	
3.	I hereby authorize the following named committee, which is NOT my prin	ncipal campaigr	n committee, to receive and expend funds on behalf of m	у
3.	I hereby authorize the following named committee, which is NOT my princandidacy. <b>NOTE</b> : This designation should be filed with the principal care	ncipal campaigr	n committee, to receive and expend funds on behalf of m	у
3.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care (a) Name of Committee (in full)	ncipal campaigr	n committee, to receive and expend funds on behalf of m	у
3.	I hereby authorize the following named committee, which is NOT my prin candidacy. NOTE: This designation should be filed with the principal call (a) Name of Committee (in full)  AMERICAN BATTLEGROUND FUND	ncipal campaigr	n committee, to receive and expend funds on behalf of m	y 
3.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care (a) Name of Committee (in full)	ncipal campaigr	n committee, to receive and expend funds on behalf of m	y 
3.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care.  (a) Name of Committee (in full)  AMERICAN BATTLEGROUND FUND  (b) Address (number and street) PO BOX 30844	ncipal campaigr	n committee, to receive and expend funds on behalf of m	y 
3.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care.  (a) Name of Committee (in full)  AMERICAN BATTLEGROUND FUND  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code	ncipal campaign	n committee, to receive and expend funds on behalf of m	y 
3.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care.  (a) Name of Committee (in full)  AMERICAN BATTLEGROUND FUND  (b) Address (number and street) PO BOX 30844	ncipal campaigr	n committee, to receive and expend funds on behalf of m	y 
	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care.  (a) Name of Committee (in full)  AMERICAN BATTLEGROUND FUND  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code BETHESDA	ncipal campaigr	n committee, to receive and expend funds on behalf of my tee.	_
	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care.  (a) Name of Committee (in full)  AMERICAN BATTLEGROUND FUND  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code	ncipal campaign npaign commit  MD	n committee, to receive and expend funds on behalf of my tee.  20824  n committee, to receive and expend funds on behalf of my	_
	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care.  (a) Name of Committee (in full)  AMERICAN BATTLEGROUND FUND  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code BETHESDA	ncipal campaign npaign commit  MD	n committee, to receive and expend funds on behalf of my tee.  20824  n committee, to receive and expend funds on behalf of my	_
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