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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		☐ Check if address changed
(c) City, State, and ZIP Code Isle of Palms SC 29451		2. Candidate's FEC Identification Number H6SC01359
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate SC 01		3. Is This Statement ☐ New (N) OR ☒ Amended (A)

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) THE DEMOCRATIC BENCH FUND		
(b) Address (number and street) PO BOX 15845		
(c) City, State, and ZIP Code WASHINGTON DC 20003		

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 07/22/2026
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

Page 2 of 2DESIGNATION 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)

6 STARS VOTEVETS VICTORY FUND

(b) Address (number and street)

PO BOX 26430

(c) City, State, and ZIP Code

TEMPE

AZ

85285

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)

IMPOSSIBLE TO INEVITABLE

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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

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