

Image# 202401319607721733

FEC FORM 2  
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) warren, darren, , ,		
(b) Address (number and street) 275 airport rd		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code taylorsville NC 28681		2. Candidate's FEC Identification Number H4NC10153
4. Party Affiliation UN		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate NC 10

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) DARREN WARREN FOR CONGRESS		
(b) Address (number and street) 275 AIRPORT RD		
(c) City, State, and ZIP Code TAYLORSVILLE NC 28681		

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 warren, darren, , ,	Date 01/31/2024
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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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