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## FEC FORM 2

## STATEMENT OF CANDIDACY

4											
١.	(a) Name of Candidate (in full)										
	Young, Bill, , ,										
	(b) Address (number and street) 579 Folly Road P.O. Box 13853	☐ Check if address changed				Candidate's FEC Identification Number     H4SC01347					
	(c) City, State, and ZIP Code					3. Is This	New		A	mended	
	Charleston		SC	29422	2	Statement	× (N)	OR	(,	A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate					
	REPUBLICAN PARTY	House			SC	01					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	Bill Young For U.S. I	House									
	(b) Address (number and street)										
	579 Folly Road										
	P.O. Box 13853										
	(c) City, State, and ZIP Code										
	Charleston				SC	29422					
	DE	SIGNATION (Incl	_	_	THORIZED g Representative		ES				
8.	I hereby authorize the following name candidacy.	ned committee, wh	ich is NOT m	y principa	al campaign con	nmittee, to receiv	e and expen	d funds	on beha	If of my	
	NOTE: This designation should be f	led with the princi	oal campaign	committe	ee.						
	(a) Name of Committee (in full)										
	(b) Address (number and street)										
	(c) City State and ZIP Code										
	(c) City, State, and ZIP Code										
	(c) City, State, and ZIP Code										
									4-		
	I certify that I have exa	mined this Statem	ent and to the	e best of r	ny knowledge a	and belief it is true	e, correct and	d comple	ete.		
Sig		mined this Statem	ent and to the	e best of r	ny knowledge a	and belief it is true	e, correct and	d comple	ete.		
	I certify that I have exa	mined this Statem	ent and to the	e best of r	ny knowledge a	Date	e, correct and	d comple	ete.		
	I certify that I have exa	mined this Statem	ent and to the	e best of r	my knowledge a		e, correct and	d comple	ete.		
	I certify that I have exa	mined this Statem	ent and to the	best of r	ny knowledge a	Date	e, correct and	d comple	ete.		
Ye	I certify that I have exa					Date 02/12/2024					
Ye	I certify that I have exa gnature of Candidate oung, Bill, , ,					Date 02/12/2024				·	
Ye	I certify that I have exa gnature of Candidate oung, Bill, , ,					Date 02/12/2024				'g.	

FEC FORM 2 (REV. 02/2009)