

Image# 202301309575175987

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Edwards, Chuck, , ,		2. Candidate's FEC Identification Number H2NC14050
(b) Address (number and street) <input type="checkbox"/> Check if address changed 337 North Main St		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Hendersonville NC 28792		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NC 11

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) CHUCK EDWARDS FOR CONGRESS		
(b) Address (number and street) 337 NORTH MAIN STREET		
(c) City, State, and ZIP Code HENDERSONVILLE NC 28792		

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) EDWARDS VICTORY FUND		
(b) Address (number and street) PO BOX 97275		
(c) City, State, and ZIP Code RALEIGH NC 27624		

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 Edwards, Charles, , , <i>[Electronically Filed]</i>	Date 01/30/2023
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

CHUCK EDWARDS LEADERSHIP COMMITTEE

(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 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)

CHUCK EDWARDS LEADERSHIP COMMITTEE

(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 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)

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 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