Statement of Intention of Candidacy & Party Pledge

This form must be filed with the appropriate election office by any candidate seeking a political party's nomination. All information on this form will be made available to the public at the time of filing. For more information, visit www.scvotes.org/candidate-information.

Name Joseph Oddo						Party	ΔΙ	lliance	
Office US House of Repres			ontativos			District	1	narioc	
Voter Reg. # 471275517 Primary o Conventio			0.4/00/0000		Election Date	1	1/08/2022		
name or ni	allot may be any co ickname must be us rank. A nickname	mbination of ed in good fa	f a candidate's aith for honest	given na purposes	ıme, derivative o	f the given i	name, or r	ickno	ame. A derivative
Name on 1	Ballot Josep	h Odd	lo						
Name pronunciation, if necessary, for audio ballot (e.g., Jackson Gervais: jur-VAY) Joe-Seff OH-Doe									
Candidate Contact Information (address not required to be residence address)									
Address	PO Box 916			City	Goose (Goose Creek Zip 29445			29445
Phone	703-338-0200			Email	betterca	oettercandidates@gmail.com			
Alliance primary or not offer of authorize of violate this office for become de Candidate I hereby af qualification	ffirm that I meet, or ons for this office. e Signature	all not authorite-in cand injunction up or campai has been else disqualifier will meet b	Party, as prize my name lidate for this apon ex parte gning in the ected in the ed for election by the time of	nd I he e to be p office of application ensuing party property in the enture of the general party property in the general party property propert	reby pledge malaced on the general election, insuing general e	nyself to a neral election chairman, for election unless the election.	on ballot h the par as provide on to this e nomined otherwise	the by p ty ha ded b office for	betition and will as a nominee. It by law, should I be or any other the office has
Election Official Signature Muchelley									
Date Received 3/3/2077 Time Received 10:11 SEC County Board									
For use if candidate signs in presence of Notary Public									
Name of N	Notary Public					My Com Expires	mission		
Signature of Notary Public							Date		