FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)							
Fox, Dr. Richard, B, ,							
(b) Address (number and street) 20 S Santa Cruz Ave Suite 300	□ Check if addres	2. Candidate's FEC Identification Number H0CA18084					
(c) City, State, and ZIP Code					New		Amended
Los Gatos	CA	Statement	X (N)	OR	(A)		
4. Party Affiliation	5. Office Sought		6. State & Distr	rict of Candidate		-	
REPUBLICAN PARTY	House		CA	18			
DE	SIGNATION OF PRI	NCIPAL	CAMPAIGN		E		
7. I hereby designate the following name	ned political committee as my	y Principal (Campaign Comm		020 r of election)	election(s	3).
NOTE: This designation should be fi	ed with the appropriate offic	e listed in th	ne instructions.				
(a) Name of Committee (in full)							
DrFoxfor2020							
(b) Address (number and street) 20 S. Santa Cruz Avenue Suite 300							
(c) City, State, and ZIP Code							
Los Gatos			CA	95030			
candidacy. NOTE: This designation should be fi (a) Name of Committee (in full)	ed with the principal campai	gn committe	ee.				
(b) Address (number and street) (c) City, State, and ZIP Code							
I certify that I have exa	nined this Statement and to	the best of i	my knowledge al	nd belief it is true,	correct and	complete.	
Signature of Candidate				Date			
Fox, Dr. Richard, , ,		[Elect	ronically Filed]	01/27/2020			
NOTE: Submission of false, erroneous,	or incomplete information mation	ay subject t	he person signin	g this Statement t	o penalties o	f 2 U.S.C.	§437g.
						FEC FO	0RM 2 (REV. 02/2009)