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FEC FORM 2

STATEMENT OF CANDIDACY

4	(a) Name of Oscalidate (in full)								
1.	(a) Name of Candidate (in full) Foxx, Virginia, Ann, ,								
	(b) Address (number and street)			2 Candid	2. Candidate's FEC Identification Number				
	PO Box 2676	☐ Check if address changed				H4NC		intinoation	Number
	(c) City, State, and ZIP Code					3. Is Thi		ew	Amended
	Boone		NO	2860	7	Stater	ment 🗶 (N	N) OR	(A)
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	rict of Candi	date		
	REPUBLICAN PARTY	House			NC	05			
	DI	ESIGNATIC	N OF PR	INCIPAL	CAMPAIGI	N COMM	ITTEE		
7.	I hereby designate the following na	med political co	ommittee as n	ny Principal (Campaign Comr	mittee for the	$\frac{2024}{\text{(year of elec})}$		ion(s).
	NOTE: This designation should be	filed with the ap	opropriate offi	ce listed in t	ne instructions.				
	(a) Name of Committee (in full)								
	Virginia Foxx for Co	ongress							
	(b) Address (number and street) PO Box 2676								
	(c) City, State, and ZIP Code								
	Boone				NC	2860	7		
	2000								
	DI			_	THORIZED g Representativ		TEES		
0	I bearby outbories the following no		which is NO	T may a min ain			and au	on a made formation	a an hahalf of my
0.	I hereby authorize the following na candidacy.	nea committee	, WHICH IS NO	i iliy pililcip	ai campaign coi	minitee, to re	eceive and ex	pena rana	s on benan or my
	NOTE: This designation should be	filed with the pr	incipal campa	aign committ	ee.				
	(a) Name of Committee (in full)								
	(1) 1 1 1 1 1								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
	I certify that I have ex	amined this Sta	tement and to	the best of	my knowledge a	and belief it is	s true, correct	t and comp	olete.
Si	gnature of Candidate					Date			
	oxx, Virginia, Ann, ,					01/09/20	123		
				[Elec	tronically Filed]	01/03/20	,20		
NC	OTE: Submission of false, erroneous	s, or incomplete	information n	nay subject t	he person signii	ng this State	ment to pena	Ities of 2 U	.S.C. §437g.
					1				
							1		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	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)										
	STRENGTHENING TRANSPORTATION EDUCATION AND DEVELOPMENT IN YOUTH JOINT FUNDRAISING COMMITTEE (STEADY JFC)										
) Address (number and street) 1909 K Street, NW										
	12th Floor										
) City, State, and ZIP Code										
	Washington DC 20006										
3.	ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my ndidacy. NOTE : This designation should be filed with the principal campaign committee.										
) Name of Committee (in full)										
	Foxx Victory Federal Committee										
) Address (number and street) 1909 K Street, NW										
	12th Floor										
	City, State, and ZIP Code										
	Washington DC 20006										
3.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee. Name of Committee (in full)										
) Address (number and street)										
	City, State, and ZIP Code										
3.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.										
	,										
) Address (number and street)										
	City, State, and ZIP Code										