

# FEC FORM 2

## STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) VIRGINIA FULLER			2. FEC Candidate Identification Number		
(b) Address (number and street) 501 EAST COLLEGE AVE.			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Tallahassee, FL 32301			3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation Republican		5. Office Sought HOUSE		6. State & District of Candidate Florida, CD-5	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Fuller For Congress
(b) Address (number and street) 501 East College Ave.
(c) City, State, and ZIP Code Tallahassee, FL 32301

### 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) N/A
(b) Address (number and street)
(c) City, State, and ZIP Code

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 	Date 01-13-2020
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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0121100000 100 111110 100000

VIRGINIA FULLER  
501 E. College Ave  
TALLY, FL. 32801

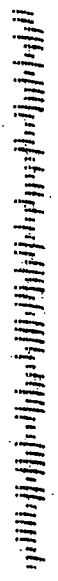


TALLAHASSEE FL 323

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1050 First Sbr. NE  
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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 1-14-20 Date of Receipt 1-21-20
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	1-21-20 DATE PREPARED

(3/2015)

DATE PREPARED