

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>Donald Raymond Cox</b>			2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>17 Wheat Patch Rd</b>			
(c) City, State, and ZIP Code <b>Belhaven NC 27810</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <b>Republican</b>	5. Office Sought <b>NC 3<sup>rd</sup> District US Congress</b>	6. State & District of Candidate <b>NC 3<sup>rd</sup> District</b>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2019 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) <b>Committee to Elect Don Cox for Congress</b>
(b) Address (number and street) <b>17 Wheat Patch Road</b>
(c) City, State, and ZIP Code <b>Belhaven NC 27810</b>

### 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)
(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 <b>* Donald Raymond Cox</b>	Date <b>4/08/19</b>
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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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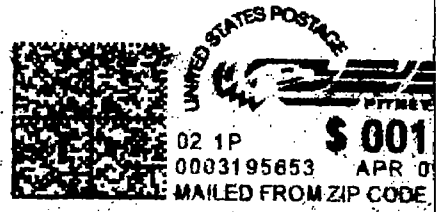
(b) Address (number and street)

(c) City, State, and ZIP Code

1-800-438-6800

Pam Brinn  
Don Cox for Congress  
732 Hubs Rec Rd  
Belhaven NC 27810

RALEIGH  
NC 275  
09 APR '19  
PM 4L



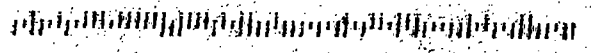
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> 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 <b>MP</b>	<b>4/15/19</b> DATE PREPARED

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