

FEC FORM 2
STATEMENT OF CANDIDACY

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FEC MAIL CENTER

1. (a) Name of Candidate (in full) <u>Cherunda Lynn Fox</u>		2023 DEC 14 AM 9:58
(b) Address (number and street) <u>P.O. Box 20274</u> <input type="checkbox"/> Check if address changed		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <u>Ferndale, Mi 48220</u>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <u>INDEPENDANT</u>	5. Office Sought <u>PRESIDENT</u>	6. State & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) <u>Fox for President</u>
(b) Address (number and street) <u>P.O. Box 20274</u>
(c) City, State, and ZIP Code <u>Ferndale, Mi 48220</u>

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) <u>N/A</u>
(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 <u>C. Fox</u>	Date <u>11-20-23</u>
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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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(Including Joint Fundraising Representatives)

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N/A

(b) Address (number and street)

(c) City, State, and ZIP Code

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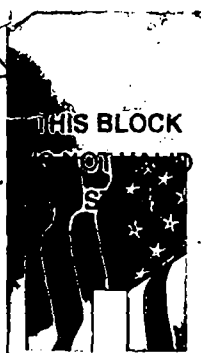
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<div style="font-size: 2em; font-family: cursive;">QB</div> PREPARER (4/2023)	12/15/23 DATE PREPARED

2023-12-14 14:00:00