FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)					
	ANGELA HICKS					
	 Address (number and street) Check if address changed Check if address changed 			2. Candidate's FEC Identification Number H0GA08065		
	(c) City, State, and ZIP Code				3. Is This Statement X (N	
_	MACON		GA 3122) OR (A)
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sought House		6. State & Distr	rict of Candidate 08	
	REI OBEIGANT ARTI	Tiouse		0/1		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of 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) ANGELA HICKS FOR CONGRESS 2016						
	(b) Address (number and street) 7040 PEAKE RD BOX 27612					
	(c) City, State, and ZIP Code					
	MACON			GA	31221	
 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.						
Si	ignature of Candidate				Date	
A	ngela M Hicks		[Elec	tronically Filed]	06/13/2016	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						
						FEC FORM 2 (REV. 02/2009)