## FEC FORM 2

## STATEMENT OF CANDIDACY

								$\overline{}$	
1.	(a) Name of Candidate (in full)								
	Foxx, Rhonda, , ,			T					
	(b) Address (number and street) PO Box 7053	☐ Check if address changed				2. Candidate's FEC Identification Number H0NC06225			
	(c) City, State, and ZIP Code						ew Amended	t	
	Greensboro		NC	2741	7	Statement X (1	N) OR (A)		
4.	Party Affiliation	5. Office Soug	ht		1	rict of Candidate			
	DEMOCRATIC PARTY	House			NC	06		_	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
Foxx For North Carolina									
	(b) Address (number and street) PO Box 7053							_	
	(c) City, State, and ZIP Code							—	
	Greensboro				NC	27417			
(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 exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correc	t and complete.		
Si	gnature of Candidate					Date		<del>-</del>	
	oxx, Rhonda, , ,	[Electronically Filed]				12/13/2019			
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)