## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)											
	Hicks, Josh, , ,					1						
	(b) Address (number and street) PO Box 1214	□ Che	eck if addres	ss changed		2. Candidate's FEC Ide H0KY06179	ntification Nu	ımber				
	(c) City, State, and ZIP Code					3. Is This	ew		Amended			
	Lexington		KY	4058	8	Statement (N	N) OR	×	(A)			
4.	Party Affiliation	5. Office Sought				rict of Candidate						
	DEMOCRATIC PARTY	House			KY	06						
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following nar	ned political com	mittee as m	y Principal	Campaign Comn	nittee for the 2020 (year of elec	election	n(s).				
	NOTE: This designation should be f	led with the app	opriate offic	ce listed in t	he instructions.							
	(a) Name of Committee (in full)											
	Josh Hicks for Cong	ress										
	(b) Address (number and street) PO Box 1214											
	(c) City, State, and ZIP Code											
	Lexington				KY	40588						
	Loxington											
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.	la dissible de a series.										
	NOTE: This designation should be f	led with the princ	cipai campa	ign committ	ee. 							
	(a) Name of Committee (in full)  Serve America Victor	ory Fund										
	(b) Address (number and street) 2910 E Gary Way											
	(c) City, State, and ZIP Code											
	Phoenix				AZ	85042						
	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	nd belief it is true, correct	and comple	te.				
Sig	gnature of Candidate					Date						
Hi	icks, Josh, , ,			[Elec	tronically Filed]	10/14/2020						
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)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	2	
raue	OI		

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

ο.	candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	For Kentucky								
	(b) Address (number and street) PO Box 95								
	(c) City, State, and ZIP Code								
	Lexington KY 40588								
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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	Second Service Victory Fund								
	(b) Address (number and street) 2910 E Gary Way	_							
	(c) City, State, and ZIP Code								
	Phoenix AZ 85042								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of reandidacy. 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	my 							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of r candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.	my							
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								