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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Hawkins, Shakira, , , (b) Address (number and street)						2. Candidate's FEC Identification Number		
	P.O. Box 2604					H4MI13259			
	(c) City, State, and ZIP Code					3. Is This New Amended			
	Detroit		MI	4820		Statement X	(N) OR	(A)	
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Sought			6. State & Dist	rict of Candidate 13			
	DEMOCRATIC PARTY	House			IVII	13			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
Hawkins for Congress									
	(b) Address (number and street)								
	P.O. Box 2604								
	(c) City, State, and ZIP Code								
	Detroit				MI	48202			
	DE	SIGNATION	OE OTH	ED AII	THODIZED	COMMITTEES			
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									
(o) only, oldio, and Zii oodo									
	I certify that I have exa	mined this Statem	ent and to t	he best of	my knowledge a	and belief it is true, cor	rect and comp	lete.	
Si	gnature of Candidate	Date							
Н	Iawkins, Shakira, , ,	06/03/2024							
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
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FEC FORM 2 (REV. 02/2009)