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Image# 202007289261174213

## FEC FORM 2

## STATEMENT OF CANDIDACY

|   | ne of Candidate (in full)   |                |                                     |       |                   |   |         |    |   |         |
|---|---|----------------|-------------------------------------|-------|-------------------|---|---------|----|---|---------|
|   | nandez, Shane, , ,  |                | O Condidatela FFO Identiff of No. 1 |       |                   |   |         |    |   |         |
|   | b) Address (number and street) ☐ Check if address changed 49378 Camarosa LN |                |                                     |       |                   | Candidate's FEC Identification Number     H0MI10295 |         |    |   |         |
| (c) City,   | State, and ZIP Code   |                |                                     |       |                   | 3. Is This  | New     |    | v | Amended |
|   | comb  |                | M                                   | 4804  | 4                 | Stateme   | ent (N) | OR | X | (A)     |
| 4. Party Af   | filiation   | 5. Office Soug | ht                                  |       | 6. State & Dist   | trict of Candida                                    | te      |    |   |         |
| REPU  | BLICAN PARTY  | House          |                                     |       | MI                | 10  |         |    |   |         |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                |                                     |       |                   |   |         |    |   |         |
| 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) SHANE HERNANDEZ FOR CONGRESS  |   |                |                                     |       |                   |   |         |    |   |         |
| ( )   | ress (number and street)<br>378 CAMAROSA LN                                 |                |                                     |       |                   |   |         |    |   |         |
| (c) City,   | State, and ZIP Code   |                |                                     |       |                   |   |         |    |   |         |
| MACOMB  |   |                |                                     | MI    | 48044             |   |         |    |   |         |
|   |   |                |                                     |       |                   |   |         |    |   |         |
| 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) CRUZ 20 FOR 20 VICTORY FUND   |   |                |                                     |       |                   |   |         |    |   |         |
| (b) Address (number and street)   |   |                |                                     |       |                   |   |         |    |   |         |
| PO  | BOX 341027  |                |                                     |       |                   |   |         |    |   |         |
| (c) City, State, and ZIP Code   |   |                |                                     |       |                   |   |         |    |   |         |
| AU  | ISTIN   |                |                                     |       | TX                | 78734   |         |    |   |         |
| 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  |   |                |                                     |       |                   | Date  |         |    |   |         |
| Hernandez, Shane, , ,   |   |                |                                     | [Elec | tronically Filed] | 07/28/2020  |         |    |   |         |
| 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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