PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Miguel Hernandez for US Congress 30 East 81st Street ADDRESS (number and street) Lobby (Check if address is changed) New York 10028 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mhernandezforus@gmail.com (Check if address is changed) Optional Second E-Mail Address bjung.65ad@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.miguelhernandezforcongress.org (Check if address is changed) DATE 2019 C00703769 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Jung, Bryan, Sam,, Type or Print Name of Treasurer Jung, Bryan, Sam, , [Electronically Filed] 05 26 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC <b>Fo</b> i	orm 1 (Revised 02/2009) Page 2
		COMMITTEE  Committee:
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Nam Can	ne of didate	Hernandez, Miguel, , Mr.,
	didate y Affiliatio	ion NPA Office Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Can	e of didate	
Par	ty Con	nmittee:  (National, State (Democratic,
(d)		This committee is a committee of the Republican, etc.) Part
Poli	itical A	action Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	nt Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	nmittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number
	3.	FEC ID number
	4.	

FEC Form 1 (Revised 02/2009)				Page <b>3</b>
Write or Type Committee Name				
Miguel Hernandez for US	S Congress			
6. Name of Any Connected Organization, Affil			resentative, or	Leadership PAC Sponsor
NONE				
Mailing Address				
	CITY		STATE	ZIP CODE
Relationship: Connected Organization	Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, add books and records.</li> </ol>	ress (phone number	- optional) and positi	on of the perso	on in possession of committee
Jung, Bryan, Sam, ,				
299 Pearl Street				
Mailing Address  Apt 1C				
New York			NY	10038
Til. D. III				
Title or Position	CITY		STATE	ZIP CODE
Treasurer		Telephone num	917 nber	
Treasurer: List the name and address (phone any designated agent (e.g., assistant treasurer)	number optional) of	the treasurer of the	committee; an	d the name and address of
Full Name Jung, Bryan, Sam, ,				1
of Treasurer				
Mailing Address   Apt 1C				
New York			NY	10038
	CITY		STATE	ZIP CODE
Title or Position Treasurer		Telephone num	917 	974 3082

1 20 1 011	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit be Name of Bank, I		ias accounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit be Name of Bank, I	Depository, etc.  Citibank  1042 Madison Avenue	
safety deposit be Name of Bank, I	Depository, etc.  Citibank  1042 Madison Avenue  New York  CITY  STATE  Depository, etc.	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Citibank  1042 Madison Avenue  New York  CITY  STATE	
safety deposit be Name of Bank, I	Depository, etc.  Citibank  1042 Madison Avenue  New York  CITY  STATE  Depository, etc.	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Citibank  1042 Madison Avenue  New York  CITY  STATE  Depository, etc.	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Citibank  1042 Madison Avenue  New York  CITY  STATE  Depository, etc.	