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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Nunes, Devin, G., ,						0.0 "14 550 "" " " "				
	(b) Address (number and street) PO Box 6545	☐ Check if address changed					Candidate's FEC Identification Number H8CA20059				
	(c) City, State, and ZIP Code						3. Is This New Amended				
	Visalia	CA 93290-6545					Statement (N) OR (A)				
4.	Party Affiliation	5. Office Soug	ht				rict of Candidate				
	REPUBLICAN PARTY	House				CA	22				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)										
	NOTE: This designation should be f	iled with the ap	propriate o	ffice list	ed in th	e instructions.					
	(a) Name of Committee (in full)										
Devin Nunes Campaign Committee											
	(b) Address (number and street) PO Box 6545										
	(c) City, State, and ZIP Code										
	Visalia					CA	93290-6545				
	D.E.	OLONIATIO		T			001111111111				
	DE					HORIZED (Representative	COMMITTEES es)				
8.	I hereby authorize the following name candidacy.	ned committee,	which is N	OT my p	orincipa	ll campaign com	nmittee, to receive and expend funds on behalf of my				
	NOTE: This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)										
Take Back The House California 2020											
	(b) Address (number and street) PO Box 30844										
	(c) City, State, and ZIP Code										
	Bethesda					MD	20824-0844				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Si	gnature of Candidate						Date				
Nunes, Devin, G., ,				(D)			11/17/2020				
					[Elect	ronically Filed]	11/11/2020				
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

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	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)							
	Nunes Victory Fund							
	(b) Address (number and street) PO Box 6545							
	(c) City, State, and ZIP Code	_						
	Visalia CA 93290-6545							
3.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full) Zeldin Nunes Victory Fund							
	(b) Address (number and street) 47 Flintlock Dr							
	(c) City, State, and ZIP Code							
	Shirley NY 11967-2758							
3.	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							
3.	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							