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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Hyland, Shawn, , , (b) Address (number and street)	Chack if address changed				2. Candidate's FEC Identification Number		
	PO Box 593	☐ Check if address changed				H2NJ03241		
	(c) City, State, and ZIP Code					3. Is This	ew Amended	
	Bayville		NJ	0872	1	Statement X (N	N) OR (A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate		
	REPUBLICAN PARTY	House			NJ	03		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s). (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Shawn Hyland for Congress								
	(b) Address (number and street) 5 Halifax Ct							
	(c) City, State, and ZIP Code							
	Marlton				NJ	08053		
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)								
(a) City State and ZID Code								
(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	nd belief it is true, correct	and complete.	
Si	gnature of Candidate					Date		
Н	yland, Shawn, , ,	[Electronically Filed]				09/27/2021		
				[Eiec	пописану Гиеиј			
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)