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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Jackson, Shanelle, , ,							
	(b) Address (number and street) 260 Hague Unit 2	☐ Check	neck if address changed			Candidate's FEC Identification Number H2MI12180		
	(c) City, State, and ZIP Code						New	Amended
	Detroit		MI	48202	2	Statement X	(N) OR	(A)
4.	Party Affiliation	5. Office Sought			6. State & Distr	ict of Candidate		
	DEMOCRATIC PARTY	House			MI	12		
	DE	SIGNATION (OF PRINC	IPAL	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	iled with the approp	riate office lis	sted in th	e instructions.			
	(a) Name of Committee (in full)							
	Shanelle For The 12	2th						
	(b) Address (number and street) 26056 Shirley Lane							
	(c) City, State, and ZIP Code							
	Dearborn Heights				MI	48127		
		(Inclu	ding Joint Fu	ndraising	g Representative	•		
8.	I hereby authorize the following nan candidacy.	ned committee, which	ch is NOT my	principa	al campaign com	nmittee, to receive and	expend funds	on behalf of my
	NOTE: This designation should be f	iled with the princip	al campaign	committe	ee.			
	(a) Name of Committee (in full)							
	(h) Address (number and street)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
	(c) City, State, and ZIP Code							
	(c) City, State, and ZIP Code							
		mined this Stateme	nt and to the	hest of n	mv knowledge ai	nd helief it is true corre	ect and compl	oto
_	I certify that I have exa	nmined this Stateme	nt and to the	best of n	ny knowledge ar	nd belief it is true, corre	ect and compl	ete.
	I certify that I have exa	mined this Stateme	nt and to the	best of n	my knowledge ar	nd belief it is true, corre	ect and compl	ete.
	I certify that I have exa	mined this Stateme	nt and to the		my knowledge ar	+	ect and compl	ete.
	I certify that I have exa	nmined this Stateme	nt and to the			Date	ect and compl	ete.
Ja	I certify that I have exa			[Electr	ronically Filed]	Date 02/15/2022		
Ja	I certify that I have exa gnature of Candidate ackson, Shanelle, , ,			[Electr	ronically Filed]	Date 02/15/2022		
Ja	I certify that I have exa gnature of Candidate ackson, Shanelle, , ,			[Electr	ronically Filed]	Date 02/15/2022		

FEC FORM 2 (REV. 02/2009)