## FEC FORM 2 STATEMENT OF CANDIDACY

12/12/2019 16 : 07

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| 1. (a) Name of Candidate (in full)   |                              |                |                  |  |
|--|------------------------------|----------------|------------------|--|
| Cruz, Erin, , ,  |                              |                |                  |  |
| (b) Address (number and street)<br>8690 Aero Drive<br>115-304  | 8690 Aero Drive              |                |                  | 2. Candidate's FEC Identification Number<br>H0CA36193                |
| (c) City, State, and ZIP Code  |                              |                |                  | 3. Is This New Amended   |
| San Diego  |                              |                |                  | Statement 🗶 (N) OR (A)   |
| 4. Party Affiliation   | 5. Office Sought             |                | 6. State & Distr | rict of Candidate  |
| REPUBLICAN PARTY   | House                        |                | CA               | 36   |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |                              |                |                  |  |
| 7. I hereby designate the following name   | ned political committee as m | ny Principal ( | Campaign Comm    | nittee for the $\frac{2020}{(\text{year of election})}$ election(s). |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.   |                              |                |                  |  |
| (a) Name of Committee (in full)<br>ERIN CRUZ FOR C   | ONGRESS                      |                |                  |  |
| (b) Address (number and street)<br>8690 AERO DR STE 115-304  |                              |                |                  |  |
| (c) City, State, and ZIP Code  |                              |                |                  |  |
| SAN DIEGO  |                              |                | CA               | 92123  |
| O, IT DIEGO  |                              |                |                  |  |
| <ul> <li>8. I hereby authorize the following name candidacy.</li> <li>NOTE: This designation should be find (a) Name of Committee (in full)</li> <li>(b) Address (number and street)</li> <li>(c) City, State, and ZIP Code</li> </ul> |                              |                |                  | nmittee, to receive and expend funds on behalf of my                 |
|  | nined this Statement and to  | the best of I  | ny knowledge ar  | nd belief it is true, correct and complete.                          |
| Signature of Candidate   |                              |                | ,                |  |
|  |                              |                |                  | Date   |
| Cruz, Erin, , ,  |                              | [Elect         | ronically Filed] | 12/12/2019   |
| 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   |