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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SCHAEFER, MIKE, michael, ,			2. Candidate's FEC Identification Number H4CA45162	
(b) Address (number and street) 849 Coast Blvd. CL303			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code la jolla CA 92037			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate CA 45		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) SCHAEFER FOR US HOUSE CA45		
(b) Address (number and street) 849 Coast Blvd. CL303		
(c) City, State, and ZIP Code La Jolla, Ca. 92037 CA 92037		

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)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate SCHAEFER, MIKE, , , [Electronically Filed]	Date 05/15/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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