

Image# 202010269336588156

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|---------------------------|--|
| 1. (a) Name of Candidate (in full) Schupp, Jill, Darlyne, , | | 2. Candidate's FEC Identification Number HOMO02254 |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 410064 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code Creve Coeur MO 63141 | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate MO 02 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Schupp for Congress | | |
| (b) Address (number and street) PO Box 410064 | | |
| (c) City, State, and ZIP Code Creve Coeur MO 63141 | | |

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) SCHUPP VICTORY FUND | | |
| (b) Address (number and street) PO BOX 410224 | | |
| (c) City, State, and ZIP Code CREVE COEUR MO 63141 | | |

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 Schupp, Jill, Darlyne, , <i>[Electronically Filed]</i> | Date 10/26/2020 |
|---|--------------------|

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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|--|--|--|--|--|--|--|--|--|
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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

NEXT GENERATION PROBLEM SOLVERS PAC

(b) Address (number and street)

514 DANIELS ST
#286

(c) City, State, and ZIP Code

RALEIGH NC 27605

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

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(b) Address (number and street)

(c) City, State, and ZIP Code