FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)						
Schneider, Jan, , ,						
(b) Address (number and street) 227 Seagull Ln	☐ Check if address changed			Candidate's FEC Identification Number H4FL16161		
(c) City, State, and ZIP Code				3. Is This No	ew Amended	
Sarasota	FL 34236			Statement X (N	I) OR (A)	
4. Party Affiliation	5. Office Sought		6. State & Distri	ict of Candidate		
DEMOCRATIC PARTY	House		FL	16		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)						
NOTE: This designation should be filed with the appropriate office listed in the instructions.						
(a) Name of Committee (in full) FRIENDS OF JAN S	SCHNEIDER					
(b) Address (number and street) 227 SEAGULL LANE						
(c) City, State, and ZIP Code						
SARASOTA			FL	34236		
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						
I hereby authorize the following nan candidacy.	ned committee, which is N	O1 my princip	al campaign com	mittee, to receive and ex	pend funds on behalf of my	
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						
(o) only, oldio, and 211 oode						
I certify that I have exa	mined this Statement and	to the hest of	mv knowledge ar	nd helief it is true, correct	and complete	
·	Thined this otatement and	to the best of	my knowledge al	1		
Signature of Candidate				Date	•	
Schneider, Jan, , ,		[Elec	tronically Filed]	06/13/2023		
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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FEC FORM 2 (REV. 02/2009)