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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Kane, Jared, Martin, ,		
(b) Address (number and street) 5237 Cedarbend Drive, #4		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Fort Myers		2. Candidate's FEC Identification Number H6FL19202
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate FL 19

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

Kane for Rep

(b) Address (number and street)

1709 NE 2nd st

(c) City, State, and ZIP Code

Cape Coral

FL 33909

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

Kane, Jared, Martin, ,

Date

11/21/2025

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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