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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1. (a   | ) Name of Candidate (in full) SCHWARTZEL, JIM, , ,  |                |                            |  |    |                        |   |             |  |
|---|---|----------------|----------------------------|--|----|------------------------|---|-------------|--|
| (b  | ) Address (number and street)<br>1375 JACKSON STREET<br>SUITE 202   |                | ☐ Check if address changed |  |    |                        | 2. Candidate's FEC Identification Number<br>H6FL19137 |             |  |
| (c  | ) City, State, and ZIP Code<br>FORT MYERS FL 33901  |                |                            |  | 1  | 3. Is This Statement X | New<br>(N) OR   | Amended (A) |  |
|   | arty Affiliation  | 5. Office Soug | jht                        |  |    | rict of Candidate      | ,   |             |  |
| R   | EPUBLICAN PARTY   | House          |                            |  | FL | 19                     |   |             |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                |                            |  |    |                        |   |             |  |
| 7. It   | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) |                |                            |  |    |                        |   |             |  |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.  |   |                |                            |  |    |                        |   |             |  |
| (a) Name of Committee (in full)   |   |                |                            |  |    |                        |   |             |  |
| JIM SCHWARTZEL FOR CONGRESS   |   |                |                            |  |    |                        |   |             |  |
| (b  | ) Address (number and street)   |                |                            |  |    |                        |   |             |  |
|   | 133 South Harbor Drive  |                |                            |  |    |                        |   |             |  |
| (c  | ) City, State, and ZIP Code   |                |                            |  |    |                        |   |             |  |
|   | Venice, fl  |                |                            |  | FL | 34285                  |   |             |  |
| 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)   |   |                |                            |  |    |                        |   |             |  |
| (b) Addition (nambor 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  |   |                |                            |  |    | Date                   |   |             |  |
| SCHWARTZEL, JIM, , ,  |   |                |                            |  |    | 04/09/2025             |   |             |  |
| 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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