Image# 15970689638

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
DR Will Schroeder

(b) Address (number and street) ☐ Check if address changed
185 Glen Apt 3H

2. Candidate's FEC Identification Number
H6IL10143

(c) City, State, and ZIP Code
Grayslake IL 60030

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
DEMOCRATIC PARTY	House	IL 10

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Dr Will Schroeder

(b) Address (number and street)
185 Glen Apt 3H

(c) City, State, and ZIP Code
Grayslake IL 60030

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	Date
Dr Will Schroeder ***[Electronically Filed]***	05/07/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.
