

Image# 202603279856868711

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Jacobs, Jonathan, Lewis, ,			2. Candidate's FEC Identification Number H6NY01209	
(b) Address (number and street) 345 East 84th Street Apt.1		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code New York NY 10028		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NY 01		

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) JONATHAN JACOBS FOR CONGRESS		
(b) Address (number and street) 345 EAST 84TH STREET APT.1		
(c) City, State, and ZIP Code NEW YORK NY 10028		

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 Jacobs, Jonathan, Lewis, ,	Date 03/27/2026
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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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