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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) VAN DREW, JEFF, , MR,		
(b) Address (number and street) PO BOX 671		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code CAPE MAY COURT HOUSE NJ 08210		2. Candidate's FEC Identification Number H8NJ02166
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate NJ 02		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

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) VAN DREW FOR CONGRESS		
(b) Address (number and street) PO BOX 671		
(c) City, State, and ZIP Code CAPE MAY COURT HOUSE NJ 08210		

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) SOUTH JERSEY FIRST		
(b) Address (number and street) C/O RED CURVE SOLUTIONS 138 CONANT STREET SUITE 401		
(c) City, State, and ZIP Code BEVERLY MA 01915		

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 VAN DREW, JEFF, , MR,	Date 11/20/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

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)

CONGRESS NJ

(b) Address (number and street)

PO BOX 999

(c) City, State, and ZIP Code

EDISON

NJ

08818

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

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

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