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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Standridge, Jason, Clyde, MR					1	
	(b) Address (number and street) 323 Myrtlewood Rd	□С	check if addre	ss changed		Candidate's FEC Identification Number S6FL00574	
	(c) City, State, and ZIP Code					3. Is This New Amended	
	Melbourne		FL	_ 3294	.0	Statement X (N) OR (A)	
4.	Party Affiliation	5. Office Soug				trict of Candidate	
	AMERICAN PARTY	Senate			FL	00	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMITTEE	
7.	I hereby designate the following nar	Jason Clyde Standridge ddress (number and street) 323 Myrtlewood Rd ty, State, and ZIP Code					
	NOTE: This designation should be	s designation should be filed with the appropriate office listed in the instructions. of Committee (in full) on Clyde Standridge s (number and street) flyrtlewood Rd ate, and ZIP Code					
	323 Myrtlewood Rd						
	Jason Clyde Standridge						
	(b) Address (number and street)						
	323 Myrtlewood Rd						
	(c) City, State, and ZIP Code						
	Melbourne				FL	32940	
_							
	DE	SIGNATIO	N OF OT	HFR AU	THORIZED	COMMITTEES	
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 to	iled with the pr	incipal campa	aign commit	ee.		
_	(a) Name of Committee (in full)						
	(1)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
	(-, - ,,						
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.	
Signature of Candidate Date						Date	
Signature of Candidate Standridge, Jason, Clyde, Mr., 08/13/2024						08/13/2024	
_							
NC	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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FEC FORM 2 (REV. 02/2009)