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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
|---|--|-------------------|---|------------------|--|--|-----------|-----------|---------|--|
| | Swartz, Jessica, , , | | | | | 1 ". | | | | |
| | (b) Address (number and street) PO Box 51136 | | | | | 2. Candidate's FEC Identification Number H4MI04159 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | | Amended | |
| | Kalamazoo MI 49007 | | | | 7 | Statem | nent 🗶 (N |) OR | (A) | |
| 4. | Party Affiliation | 5. Office Sough | t | | 6. State & Dist | rict of Candid | late | | | |
| | DEMOCRATIC PARTY | House | | | MI | 04 | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| Jessica for Michigan | | | | | | | | | | |
| (b) Address (number and street) PO Box 51136 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | Kalamazoo | | | | MI | 49007 | | | | |
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| | D | CICNIATION | | IED ALI | TUODIZED | CORARAIT | TEEC | | | |
| 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) | | | | | | | | | | |
| | (1) | | | | | | | | | |
| | | | | | | | | | | |
| (b) Address (number and street) | | | | | | | | | | |
| | | | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | | |
| (C) City, State, and ZIP Code | | | | | | | | | | |
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| | Loortify that I have a | aminad this Ctata | | 4h a h a a 4 a 6 | man de la constanta de la cons | and haliaf it is | 4**** | and aanan | lata | |
| 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 | | | | | | | | | | |
| Swartz, Jessica, , , [Electronically Filed] 07/19/2023 | | | | | | | | | | |
| | | | | [2:00 | | | | | | |
| 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)