

Image# 12951663125

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mrs. Karen Harrington (Personal Funds)		2. Candidate's FEC Identification Number H0FL20070	
(b) Address (number and street) <input type="checkbox"/> Check if address changed 2000 NW 150th Ave Suite 2120		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code Pembroke Pines FL 33028-2870			
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 20	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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) Karen Harrington For Congress, Inc.	
(b) Address (number and street) 2000 NW 150th Ave Suite 2120	
(c) City, State, and ZIP Code Pembroke Pines FL 33028	

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) Women For Freedom	
(b) Address (number and street) 610 S. Boulevard	
(c) City, State, and ZIP Code Tampa FL 33606	

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 Mrs. Karen Harrington (Personal Funds) <i>[Electronically Filed]</i>	Date 05/11/2012
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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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Form/Schedule: F2N
Transaction ID :

Form/Schedule:
Transaction ID:

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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)

HSP Direct

(b) Address (number and street)

13755 Sunrise Valley Drive

(c) City, State and ZIP Code

Hemdon

VA

20171

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code