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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Olivo, Christine, Alexandria, ,		2. Candidate's FEC Identification Number H2FL24037	
(b) Address (number and street) 14311 Biscayne Blvd. Suite 3425		<input checked="" type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code North Miami FL 33181		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 26	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) CHRISTINE FOR CONGRESS	
(b) Address (number and street) 6640 MCCLELLAN STREET	
(c) City, State, and ZIP Code HOLLYWOOD FL 33024	

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 Olivo, Christine, Alexandria, , [Electronically Filed]	Date 05/17/2022
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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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