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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Bousbar, Sabrina, , ,			2. Candidate's FEC Identification Number H4FL13226	
(b) Address (number and street) Box 5254 50 8th Ave SW		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Largo FL 33770		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation D	5. Office Sought House	6. State & District of Candidate FL 13		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) <b>SABRINA BOUSBAR FOR CONGRESS</b>	
(b) Address (number and street) PO BOX 5254	
(c) City, State, and ZIP Code LARGO FL 33770	

### 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 Bousbar, Sabrina, , ,	Date 01/30/2024
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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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