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## FEC FORM 2

## STATEMENT OF CANDIDACY

				-				
1.	(a) Name of Candidate (in full)						<u></u>	
	Balderramos Robinson, Corinr							
	(b) Address (number and street) ☐ Check if address changed 10380 SW Village Center Dr 258					Candidate's FEC Identification Number     H2FL18096		
	(c) City, State, and ZIP Code					3. Is This No	ew Amended	
	Port St. Lucie		FL	3498	7	Statement (N	) OR (A)	
4.	Party Affiliation	5. Office Soug	ght			rict of Candidate		
	DEMOCRATIC PARTY	House			FL	21		
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)  CORINNA FOR THE PEOPLE								
(b) Address (number and street) 10380 SW VILLAGE CENTER DRIVE 258								
	(c) City, State, and ZIP Code							
	PORT ST. LUCIE				FL	34987		
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)								
(b) radiose (names and shoot)								
(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	nd belief it is true, correct	and complete.	
Signature of Candidate Date								
Be	alderramos Robinson, Corinna, , ,	[Electronically Filed]				05/09/2022		
				[Eiec	пописану Гиев			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)