FEC FORM 2 STATEMENT OF CANDIDACY

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| 1. (a) Name of Candidate (in full) | | | |
|--|---|-------------------|--|
| Quinn, Christine, Yvonne, , | | | |
| (b) Address (number and street) 15301 Roosevelt Blvd Ste 303 | Check if address changed | | 2. Candidate's FEC Identification Number H6FL14112 |
| (c) City, State, and ZIP Code | | | 3. Is This New Amended |
| Clearwater | FL 33760 | 0 | Statement (N) OR 🗡 (A) |
| 4. Party Affiliation | 5. Office Sought | 6. State & Distri | ict of Candidate |
| REPUBLICAN PARTY | House | FL | 13 |
| DE | SIGNATION OF PRINCIPAL | CAMPAIGN | |
| | ned political committee as my Principal C | | ittee for the <u>2022</u> election(s). (year of election) |
| NOTE: This designation should be f | iled with the appropriate office listed in th | ne instructions. | |
| (a) Name of Committee (in full) CHRISTINE QUINN | FOR CONGRESS | | |
| (b) Address (number and street) 4532 W KENNEDY BLVD. #2 | 10 | | |
| (c) City, State, and ZIP Code | | | |
| ТАМРА | | FL | 33609 |
| | | | 00000 |
| (a) Name of Committee (in full) (b) Address (number and street) | led with the principal campaign committe | 96. | |
| (c) City, State, and ZIP Code | mined this Otestern and and to the best of | | |
| I certify that I have exa | mined this Statement and to the best of I | my knowledge ar | nd belief it is true, correct and complete. |
| | | | Date |
| Signature of Candidate | | | |
| Signature of Candidate Quinn, Christine, Y, , | [Elect | ronically Filed] | 11/01/2021 |
| Quinn, Christine, Y, , | · | | |
| Quinn, Christine, Y, , | · | | 11/01/2021 |
| Quinn, Christine, Y, , | · | | 11/01/2021 |