

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <u>Christina Greathouse</u>		2. FEC Candidate Identification Number <u>1694808</u>
(b) Address (number and street) <u>313 E College Ave Apt C</u>		3. Is This Statement ☐ New (N) OR ☒ Amended (A)
(c) City, State, and ZIP Code <u>Springfield, Oh 45503</u>		
4. Party Affiliation	5. Office Sought <u>President</u>	6. State & District of Candidate <u>Oh and 8th</u>

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) <u>Christina Greathouse</u>
(b) Address (number and street) <u>313 E. College Ave Apt C</u>
(c) City, State, and ZIP Code <u>Springfield, Oh 45503</u>

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) <u>The Free Julie Project</u>
(b) Address (number and street) <u>313 E College Ave Apt C</u>
(c) City, State, and ZIP Code <u>Springfield, Oh 45503</u>

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 <u>Christina Greathouse</u>	Date <u>3-27-23</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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5(i) or (j). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____-_____-_____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc. _____

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NON-CONFIDENTIAL

The Free Julie Project
313 E. College Ave Apt C
Springfield, OH 45503

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WDEI
PREPARER

(3/2015)

4/3/23
DATE PREPARED

2025 RELEASE UNDER E.O. 14176