

Image# 202207159521443337

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Powers, Christin, Noel, Ms., / , , , , C00695429		
(b) Address (number and street) 19980 Hibiscus Drive		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Jupiter FL 33469		2. Candidate's FEC Identification Number P00008946
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Presidential
		6. State & District of Candidate 00
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		

### 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>CHRISTIN POWERS CAMPAIGN</b>		
(b) Address (number and street) 141 PINEHILL TRAIL W		
(c) City, State, and ZIP Code TEQUESTA FL 33469		

### 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 Powers, Christin, Noel, Ms.,  <i>[Electronically Filed]</i>	Date 07/15/2022
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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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