

Image# 202307299584147447

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Boulin Romain, Jacqueline, , ,		2. Candidate's FEC Identification Number H4FL05107
(b) Address (number and street) <input type="checkbox"/> Check if address changed 289 Scrub Jay Dr		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Saint Augustine FL 32092		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 05

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) Jacqueline B. Romain For U.S. Congress	
(b) Address (number and street) 289 Scrub Jay Dr	
(c) City, State, and ZIP Code Saint Augustine FL 32092	

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 Boulin Romain, Jacqueline, , , <i>[Electronically Filed]</i>	Date 07/29/2023
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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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