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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Burke, Kristi, , ,			2. Candidate's FEC Identification Number H6TN01537		
(b) Address (number and street) PO Box 7		<input type="checkbox"/> Check if address changed		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code Fall Branch		TN	37656		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate TN 01			

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

KRISTI FOR CONGRESS

(b) Address (number and street)

PO BOX 7

(c) City, State, and ZIP Code

FALL BRANCH

TN 37656

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 Burke, Kristi, , ,	Date 01/24/2026
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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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