

Image# 202311169599124490

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Boulin Romain, Jacqueline, , ,		
(b) Address (number and street) 289 Scrub Jay		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Saint Augustine FL 32092		2. Candidate's FEC Identification Number H4FL28059
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate FL 28		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input 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) Jackie Romain For US Congress		
(b) Address (number and street) 289 Scrub Jay Dr		
(c) City, State, and ZIP Code St Augustine FL 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, , ,	Date 11/16/2023
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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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Form/Schedule: F2N
Transaction ID :

2024 Special Election.

Form/Schedule:
Transaction ID: