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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Olivo, Christine, Alexandria, ,		
(b) Address (number and street) 220 NW 134 Street		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code North Miami FL 33168		2. Candidate's FEC Identification Number H2FL24037
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate FL 24		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 2028 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) CHRISTINE FOR CONGRESS		
(b) Address (number and street) 6640 MCCLELLAN STREET		
(c) City, State, and ZIP Code HOLLYWOOD FL 33024		

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 Olivo, Christine, Alexandria, ,	Date 08/21/2025
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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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