

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Christine for Congress

ADDRESS (number and street)

14311 Biscayne Boulevard Ste. 3425

(Check if address is changed)

North Miami

CITY ▲

FL

STATE ▲

33181

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

casj1019@gmail.com

Optional Second E-Mail Address

contact@christineforcongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.ChristineforCongress.org

2. DATE

MM / DD / YYYY
11 / 19 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00691832

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Olivo, Jesus, , , Jr.

Signature of Treasurer

Olivo, Jesus, , , Jr.

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Olivo, Christine, Alexandria, ,

Candidate Party Affiliation DEM Office Sought: House Senate President State FL District 26

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____
2. _____

C _____
C _____

Write or Type Committee Name

Christine for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Olivo, Jesus, , , Jr.

Full Name

[Empty grid lines for full name]

Mailing Address

6640 McClellan Street

[Empty grid lines for mailing address]

Hollywood

FL

33024

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

[Empty grid lines for title/position]

Telephone number

702

860

0478

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Olivo, Jesus, , , Jr.

Full Name of Treasurer

[Empty grid lines for full name of treasurer]

Mailing Address

6640 McClellan Street

[Empty grid lines for mailing address]

Hollywood

FL

33024

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid lines for title/position]

Telephone number

702

860

0478

Full Name of Designated Agent Olivo, Christine, Alexandria, ,

Mailing Address 6640 Mcllellan Street
Hollywood FL 33024
CITY STATE ZIP CODE

Title or Position Telephone number 305 978 5088

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TD Bank

Mailing Address 5943 Stirling Rd.
Davie FL 33314
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
CITY STATE ZIP CODE