

FEC FORM 2

STATEMENT OF CANDIDACY

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|---|--|---|
| 1. (a) Name of Candidate (in full) GIL, YURINA, , , | | |
| (b) Address (number and street) 951 Brickell Ave Apt 3002 | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Miami | | 2. Candidate's FEC Identification Number H6FL26041 |
| 4. Party Affiliation DEMOCRATIC PARTY | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A) FL 33131 |
| 5. Office Sought House | | 6. State & District of Candidate FL 26 |

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)

Yurina Gil for Congress

(b) Address (number and street)

25 SE 2nd Ave
Suite 550 672

(c) City, State, and ZIP Code

Miami FL 33131

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 GIL, YURINA, , , | Date 09/17/2025 |
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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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