

Image# 202502149753430060

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Paulina Luna, Anna, , ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 1201 Gandy Blvd N P.O. Box 23064		2. Candidate's FEC Identification Number H0FL13158
(c) City, State, and ZIP Code Saint Petersburg FL 33742-8001		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 13

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) Anna Paulina Luna for Congress		
(b) Address (number and street) 1201 Gandy Blvd N P.O. Box 23064		
(c) City, State, and ZIP Code Saint Petersburg FL 33742-8001		

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) Protect The House 2024		
(b) Address (number and street) PO Box 30844		
(c) City, State, and ZIP Code Bethesda MD 20824-0844		

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 Paulina Luna, Anna, , ,	Date 02/14/2025
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

APL Victory Fund

(b) Address (number and street)

1201 Gandy Blvd N
P.O. Box 23064

(c) City, State, and ZIP Code

Saint Petersburg FL 33742

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)

Protect the House 2024

(b) Address (number and street)

PO Box 30844

(c) City, State, and ZIP Code

Bethesda MD 20824-0844

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)

Scalise Leadership Fund 2024

(b) Address (number and street)

320 1st St SE

(c) City, State, and ZIP Code

Washington DC 20003-1838

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)

American Battleground Fund

(b) Address (number and street)

PO Box 30844

(c) City, State, and ZIP Code

Bethesda MD 20824-0844

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
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(a) Name of Committee (in full)

Tampa Bay America First Coalition

(b) Address (number and street)

228 S Washington St
Ste 115

(c) City, State, and ZIP Code

Alexandria VA 22314-5404

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)

STRONGEST AMERICA JFC

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS GA 30605

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

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code