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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in f	ull)									
	Wagner, Ann, L., ,	,									
	(b) Address (number and st PO Box 50	reet)	☐ Check if address changed			Candidate's FEC Identification Number H2MO02102					
	(c) City, State, and ZIP Cod	e					3. Is This		eW.		Amended
	Ballwin			MC	63022	2-0050	Statem	nent (N) OR	- 1	x (A)
4.	Party Affiliation		5. Office Soug	ht		6. State & Dist	trict of Candid	late			
	REPUBLICAN PARTY		House			МО	02				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation sho	ould be fi	led with the ap	propriate offic	ce listed in th	ne instructions.					
	(a) Name of Committee (in	full)									
	Ann Wagner for Congress										
	(b) Address (number and st	reet)									
	PO Box 50										
	(c) City, State, and ZIP Cod	е									
	Ballwin					MO	63022	-0050			
		D E		N OF OT			0014141	TEE0			
		DE				THORIZED g Representativ		IEES			
Ω	I hereby authorize the follow	vina nam	ed committee	which is NO	E my princip	al campaign cor	mmittee to re	coive and evr	and fund	te on l	hehalf of my
0.	candidacy.	virig riairi	ea committee,	WINCIT IS INC	тту рипсіра	ar campaign cor	minutee, to re	ceive and exp	ociia iaik	23 011 1	benan of my
	NOTE: This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in	full)									
	Take Back the	Hous	e 2022								
	(1) A 11										
	(b) Address (number and st PO Box 30844	reet)									
	1 0 200 000 11										
	(c) City, State, and ZIP Cod	e									
	Bethesda					MD	20824-	-0844			
	Bethesda					WIB	20024	0011			
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 Date											
Wagner, Ann, L., ,			[E] t			11/16/2022					
					[Eleci	ronically Filed]	11710/20	- -			
NC	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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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	WAGNER FOR MISSOURI							
	(b) Address (number and street) 6269 LEESBURG PIKE, #B7							
	(c) City, State, and ZIP Code							
	FALLS CHURCH	VA	22044					
3.	. I hereby authorize the following named committee, which is NOT my principa		mmittee, 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)							
	Wagner Victory Committee							
	(b) Address (number and street) PO Box 183							
	(c) City, State, and ZIP Code							
	Hudson	WI	54016					
3.	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) Wagner-McHenry Victory							
	(b) Address (number and street) 6269 Leesburg Pike							
	B7							
	(c) City, State, and ZIP Code							
	Falls Church	VA	22044					
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campai (a) Name of Committee (in full)		mmittee, to receive and expend funds on behalf of my					
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							