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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) WALLS-WINDHAUSER, ANGELA, MARIE, ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO BOX 785098		2. Candidate's FEC Identification Number S6FL00442
(c) City, State, and ZIP Code WINTER GARDEN FL 34778		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate FL 00

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) Friends of Angela Walls-Windhauser for US Senator for Florida 2022		
(b) Address (number and street) PO BX 785098		
(c) City, State, and ZIP Code Winter Garden FL 34778		

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 Walls-Windhauser, Angela, Marie, ,	Date 12/08/2025
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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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Perrenial Candidate 2022

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