

Image# 202405029645464237

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) WALLS-WINDHAUSER, Angela, Marie, Mrs.,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed Po Box 785098		2. Candidate's FEC Identification Number P40008773
(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 Presidential	6. State & District of Candidate 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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 CONGRESS DISTRICT 10		
(b) Address (number and street) PO BOX 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 05/02/2024
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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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Form/Schedule: F2A

Transaction ID :

Revisions must be made as a VP has not been selected this is a test entry.

Form/Schedule:

Transaction ID: