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PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

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| 1. (a) Name of Candidate (in full) WALLS-WINDHAUSER, ANGELA, MARIE, , | | 2. Candidate's FEC Identification Number S6FL00442 |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed PO BOX 785098 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code WINTER GARDEN FL 34778 | | |
| 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 2022 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

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| (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) VOTER LOTTERY SPC | |
| (b) Address (number and street) 815 1ST AVE #206 | |
| (c) City, State, and ZIP Code SEATTLE WA 98104 | |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

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| Signature of Candidate Walls-Windhauser, Angela, Marie, , [Electronically Filed] | Date 08/18/2021 |
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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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Transaction ID :

Perrenial Candidate 2022

Form/Schedule:
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