

Image# 202101119398389420

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Walker, Kimberly, H, Ms,		2. Candidate's FEC Identification Number H6FL13197
(b) Address (number and street) <input type="checkbox"/> Check if address changed 13914 Caden Glen Dr		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Hudson FL 34669		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 12

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.

(a) Name of Committee (in full) KIMBERLY WALKER FOR CONGRESS CAMPAIGN	
(b) Address (number and street) PO BOX 5806	
(c) City, State, and ZIP Code HUDSON FL 34674	

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 Walker, Kim, H, Mrs, <i>[Electronically Filed]</i>	Date 01/11/2021
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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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