

Image# 202411219720015441

PAGE 1 / 2

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Walls-Windhauser, Angela, Marie, ,		
(b) Address (number and street) PO BOX 785098		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Winter Garden FL 34778		2. Candidate's FEC Identification Number S4FL00645
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
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 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 PRESIDENT 2024		
(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) ANGELA MARIE WALLS-WINDHAUSER FOR US PRESIDENT 2024		
(b) Address (number and street) PO BOX 785098		
(c) City, State, and ZIP Code WINTER GARDEN FL 34778		

*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 11/21/2024
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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 :

Congressional District 01 of Florida for 2024.

Form/Schedule:  
Transaction ID: