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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mccallister, Shawna, Lyn, Miss, / Cheney, Liz, , ,		
(b) Address (number and street) P.O. Box 8843		☐ Check if address changed
(c) City, State, and ZIP Code Brea CA 92822		2. Candidate's FEC Identification Number P40009276
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement ☒ New (N) OR ☐ Amended (A)
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) Controlled (Mccallister)		
(b) Address (number and street) 841 W. La Habra F105		
(c) City, State, and ZIP Code La Habra CA 90631		

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 Mccallister, Shawna, Lyn, Miss, [Electronically Filed]	Date 11/02/2022
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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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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F2N

Transaction ID :

2024 Special Election.

Form/Schedule:

Transaction ID: