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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Campbell, Walter, L, Dr.,			2. Candidate's FEC Identification Number H0FL18249	
(b) Address (number and street) 21380 hwy 27 Unit 317		☐ Check if address changed		
(c) City, State, and ZIP Code Lake Wales FL 33859		3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 18		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2029 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) Dr. Walter Campbell for U.S. House		
(b) Address (number and street) 21380 hwy 27 Unit 317		
(c) City, State, and ZIP Code Lake Wales FL 33859		

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 Campbell, Walter, , Dr.,	Date 03/05/2026
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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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