

Image# 202003269216013650

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Walls-Windhauser, Angela, Marie, ,			2. Candidate's FEC Identification Number H0FL08257	
(b) Address (number and street) P.O. Box 785098		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code WINTER GARDEN FL 34778		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 08		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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 Marie for U.S. Congress Florida District 8		
(b) Address (number and street) P.O.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) NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND		
(b) Address (number and street) 11250 WAPLES MILL ROAD		
(c) City, State, and ZIP Code FAIRFAX VA 22030		

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, , <i>[Electronically Filed]</i>	Date 03/26/2020
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

NATIONAL FUEL GAS COMPANY FEDERAL POLITICAL ACTION COMMITTEE

(b) Address (number and street)
6363 MAIN STREET

(c) City, State, and ZIP Code

WILLIAMSVILLE

NY

14221

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)

SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)

(b) Address (number and street)
PO BOX 666

(c) City, State, and ZIP Code

BELLE GLADE

FL

33430

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

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