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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) FURRY, WILL, , ,		
(b) Address (number and street) 9 OLD KINGS RD N STE 123-1040		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code PALM COAST FL 32137		2. Candidate's FEC Identification Number H6FL06373
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate FL 06		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) WILL FURRY FOR CONGRESS		
(b) Address (number and street) 9 OLD KINGS RD N STE 123-1040		
(c) City, State, and ZIP Code PALM COAST FL 32137		

### 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 FURRY, WILL, , ,	Date 08/12/2025
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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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