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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) WalkingChild, Charles, , Sr		
(b) Address (number and street) P.O Box 4278		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Helena		MT 59604
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate
		6. State & District of Candidate MT 00
2. Candidate's FEC Identification Number S4MT00209		
3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A) <input type="checkbox"/> OR		

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)

CHARLES WALKINGCHILD

(b) Address (number and street)

P.O BOX 4278

(c) City, State, and ZIP Code

HELENA

MT 59604

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 WalkingChild, Charles, , Sr, Sr	Date 12/09/2025
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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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