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FEC FORM 2

STATEMENT OF CANDIDACY

| | | | |
|----------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------|------------|
| 1. (a) Name of Candidate (in full) Wagner, Ann, L., , | | 2. Candidate's FEC Identification Number H2MO02102 | |
| (b) Address (number and street) PO Box 50 | | 3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A) | |
| (c) City, State, and ZIP Code Ballwin | | MO | 63022-0050 |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate MO 02 | |

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)

Ann Wagner for Congress

(b) Address (number and street)

PO Box 50

(c) City, State, and ZIP Code

Ballwin

MO 63022-0050

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)

WAGNER FOR MISSOURI

(b) Address (number and street)

6269 LEESBURG PIKE, #B7

(c) City, State, and ZIP Code

FALLS CHURCH

VA

22044

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

Wagner, Ann, L., ,

Date

02/09/2026

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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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)

Wagner Victory Committee

(b) Address (number and street)

PO Box 183

(c) City, State, and ZIP Code

Hudson

WI

54016

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)

Wagner-McHenry Victory

(b) Address (number and street)

6269 Leesburg Pike
B7

(c) City, State, and ZIP Code

Falls Church

VA

22044

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)

WAGNER HILL VICTORY FUND

(b) Address (number and street)

502 6th Street

(c) City, State, and ZIP Code

Hudson

WI

54016

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