

Image# 202204299502497962

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Wheelen, William, , ,			2. Candidate's FEC Identification Number H2FL21157	
(b) Address (number and street) 9662 Worswick Ct		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Wellington FL 33414		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation Rep	5. Office Sought House	6. State & District of Candidate FL 22		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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 BILL WHEELLEN		
(b) Address (number and street) 9662 WORSWICK CT		
(c) City, State, and ZIP Code WELLINGTON FL 33414		

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 Wheelen, William, , , <i>[Electronically Filed]</i>	Date 04/29/2022
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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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