Image# 202209239531814971 PAGE 1 / 3

#### FEC FORM 2

#### STATEMENT OF CANDIDACY

_										
1.	(a) Name of Candidate (in full)	)								
	Paulina Luna, Anna, , ,									
	(b) Address (number and stree 1201 Gandy Blvd N P.O. Box 23064	et)	☐ Check if address changed			Candidate's FEC Identification Number     H0FL13158				
	(c) City, State, and ZIP Code					3. Is This	s Nev	/		Amended
	Saint Petersburg		F	L 3370	2-2409	Staten	nent (N)	OR	×	(A)
4.	Party Affiliation	5. Office So	ught		6. State & Dis	trict of Candid	date			
	REPUBLICAN PARTY	Hous	е		FL	13				
		DESIGNATI	ON OF PR	INCIPAL	CAMPAIG	N COMMI	ITTEE			
7.	I hereby designate the following	ng named political	committee as r	my Principal (	Campaign Com	mittee for the	2022 (year of election		ion(s)	
	NOTE: This designation shoul		appropriate off	ice listed in th	ne instructions.					
	(a) Name of Committee (in full	,								
	Anna Paulina Lu	ına for Conç	ress							
	(b) Address (number and stree	et)								
	1201 Gandy Blvd N									
	P.O. Box 23064									
	(c) City, State, and ZIP Code									
	Saint Petersburg				FL	33742	2-8001			
		DESIGNATI			THORIZED g Representativ		TEES			
			(including 50)	iit i diidialaliii	g representativ	(63)				
8.	I hereby authorize the followin candidacy.	g named committe	e, which is NC	T my principa	al campaign cor	mmittee, to re	eceive and expe	end fund	s on b	ehalf of my
	NOTE: This designation should	d be filed with the	orincipal camp	aign committe	ee.					
	(a) Name of Committee (in full	l)								
	Take Back The	House 2022								
	(b) Address (number and stree	et)								
	PO Box 30844									
	(c) City, State, and ZIP Code									
	Bethesda				MD	20824	-0844			
	I certify that I hav	e examined this S	tatement and t	o the best of	my knowledge a	and belief it is	s true, correct a	nd comp	lete.	
Si	gnature of Candidate					Date				
	aulina Luna, Anna, , ,					00/00/00	.00			
	, , ,			[Elect	ronically Filed]	09/23/20	22			
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
		<del></del>	1	1						

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	3

### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Luna for FL-13						
	(b) Address (number and street) PO Box 30844						
	(c) City, State, and ZIP Code						
	Bethesda	MD	20824-0844				
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. <b>NOTE</b> : This designation should be filed with the principal campa						
	(a) Name of Committee (in full)  NRCC Florida Victory						
	(b) Address (number and street) 228 S Washington St Ste 115						
	(c) City, State, and ZIP Code						
	Alexandria	VA	22314-5404				
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full)  APL Victory Fund		ommittee, to receive and expend funds on behalf of my				
	(b) Address (number and street) 1201 Gandy Blvd N						
	P.O. Box 23064						
	(c) City, State, and ZIP Code Saint Petersburg	FL	33742				
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. <b>NOTE</b> : This designation should be filed with the principal campa						
	(a) Name of Committee (in full)						
	Just Win Baby Victory Fund						
	(b) Address (number and street) 824 Milledge Cir						
	Ste 101						
	(c) City, State, and ZIP Code	0.4	0000				
	Athens	GA	30606				

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page \_\_\_3 **of** \_3\_\_\_

#### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

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(b) Address (number and street) PO Box 341027  (c) City. State, and ZIP Code Austin TX 78734-0018  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expendent 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 expendent 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 expendent candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)		(a) Name of Committee (in full)						
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(c) City, State, and ZIP Code		(b) Address (number and street)						
		(c) City, State, and ZIP Code						