

Image# 202411219720014986

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Walls-Windhauser, Angela, Marie, ,		
(b) Address (number and street) P.O. Box 785098		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Winter Garden		2. Candidate's FEC Identification Number H0FL10097
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate FL 01

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 ANGELA WALLS-WINDHAUSER FOR US SENATE 2022 LLC

(b) Address (number and street)

PO BX 785098

(c) City, State, and ZIP Code

WINTER GARDEN

FL 34778

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)

RNC

(b) Address (number and street)

310 First St., S.E.

(c) City, State, and ZIP Code

Washington, D.C.

DC 20003

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

Walls-Windhauser, Angela, Marie, Angie,

Date

11/21/2024

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)

REPUBLICAN NATIONAL COMMITTEE

(b) Address (number and street)

310 FIRST STREET SE

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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)

ANGELA MARIE WALLS-WINDHAUSER FOR US PRESIDENT 2024

(b) Address (number and street)

PO BOX 785098

(c) City, State, and ZIP Code

WINTER GARDEN

FL

34778

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

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