SOUNTINGS INDIVIDE A DONNINGS

9-00068

FEC FORM 2 STATEMENT OF CANDIDACY

FEC MAIL CENTER

FEC FORM 2 (REV. 02/2009)

	ZUIY BPR 15 AM 7. L.							
(a) Name of Candidate (in full)								
Glenn GT Thompson								
(b) Address (number and street)	2. FEC Candidate Identification Number							
602 Walnut Street	H8PA05071							
(c) City, State, and ZIP Code	3. Is This New Amended							
Howard tennsylvania 16841	Statement (N) OR (A)							
4. Party Affiliation 5. Office Sought 6. State & Dist	cict of Candidate							
4. Party Affiliation 5. Office Sought 6. State & Dist Republican Member or Congress F	A 15							
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
	1010							
7. I hereby designate the following named political committee as my Principal Campaign Comm	nittee for the election(s). (vear of election)							
NOTE: This designation should be filed with the appropriate office listed in the instructions.	(year or election)							
(a) Name of Committee (in full)								
(a) Name of Committee (in full)								
Friends of Glenn Thompson	•							
(b) Address (number and street)								
400 NORTH Michael STreet								
(c) City, State, and ZIP Code								
	•							
5+ Marys Tennsylvania 1585	7							
DESIGNATION OF OTHER AUTHORIZED	COMMUTTEES							
(Including Joint Fundraising Representativ								
8. I hereby authorize the following named committee, which is NOT my principal campaign cor	amitton, to receive and expend funds on hehalf of my							
candidacy.								
NOTE: This designation should be filed with the principal campaign committee-								
World This designation should be filed with the principal earnipality committees	\mathcal{T}							
(a) Name of Committee (intull)	FUND							
(a) Name of Committee (in full)								
P.O. Box 1654								
1.0. 90% 1634								
(b) Address (supplies and short)								
(b) Address (number and street)								
(b) Address (number and street)	· · · · · · · · · · · · · · · · · · ·							
(b) Address (number and street) Bure PA 16003								
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(b) Address (number and street) Bure PA 16003	<u>.</u>							
(b) Address (number and street) BUTES PA 16003 (c) City, State, and ZIP Code	and haliof it in true, commet and complete							
(b) Address (number and street) BUTEL PA 16003 (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge a								
(b) Address (number and street) BUTES PA 16003 (c) City, State, and ZIP Code	nd belief it is true, correct and complete.							
(b) Address (number and street) BUTEL PA 16003 (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge a								
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(b) Address (number and street) BUTEL PA 16003 (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge a								
(b) Address (number and street) BUTEL PA 16003 (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge a	Date 04-03-19							
(b) Address (number and street) BUTER PA 16003 (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge at Signature of Candidate Signature of Candidate	Date 04-03-19							
(b) Address (number and street) BUTER PA 16003 (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge at Signature of Candidate Signature of Candidate	Date 04-03-19							

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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	Page		of	

DESIGNATIO	N OF	OTHER	AUTHORIZED	COMMITTEES	S

[(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 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 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



Greater Lomorrows for America

Team GT Headquarters

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Federal Election Commission Attn Robin Kelly 1050 First St NE Washington, DC 20463

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2015)

PREPARER