

Image# 202212019547080141

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Thompson, Glenn, , Mr.,		
(b) Address (number and street) PO Box 143		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code St. Marys PA 15857		2. Candidate's FEC Identification Number H8PA05071
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
		6. State & District of Candidate PA 15
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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 GLENN THOMPSON		
(b) Address (number and street) 400 N. MICHAEL STREET		
(c) City, State, and ZIP Code ST. MARYS PA 15857		

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) TEAM GT		
(b) Address (number and street) PO BOX 30844		
(c) City, State, and ZIP Code BETHESDA MD 20824		

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 Thompson, Glenn, , Mr., <i>[Electronically Filed]</i>	Date 12/01/2022
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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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