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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) GLOVER, Danny, DWAYNE, ,		
(b) Address (number and street) 6852 COLUMBUS RD		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Macon		GA 31052
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
		6. State & District of Candidate GA 02
3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input 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 2026 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)

The People for Danny D. Glover

(b) Address (number and street)

6852 COLUMBUS RD

(c) City, State, and ZIP Code

Macon

GA

31052

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

GLOVER, DANNY, DWAYNE, Mister,

Date

04/01/2025

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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