

Image# 202404299636863322

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|--|---|
| 1. (a) Name of Candidate (in full) Coson, Gary, Lynn, , | | |
| (b) Address (number and street) 1231 Madison Avenue Apt. 316 | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Detroit Lakes MN 56501 | | 2. Candidate's FEC Identification Number S4MN00544 |
| 4. Party Affiliation REPUBLICAN PARTY | | 5. Office Sought Senate |
| | | 6. State & District of Candidate MN 00 |
| 3. Is This Statement <input checked="" type="checkbox"/> New (N) 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 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) COSON4SENATE | | |
| (b) Address (number and street) 1231 Madison Avenue Apt. 316 | | |
| (c) City, State, and ZIP Code Detroit Lakes MN 56501 | | |

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 Coson, Gary, Lynn, , | Date 04/29/2024 |
|--|--------------------|

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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