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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Simpson, Glenn, Scott Allistair, Mr.,		
(b) Address (number and street) 37 South Regent Street, Apt. 207		<input type="checkbox"/> Check if address changed
2. Candidate's FEC Identification Number P00008573		
(c) City, State, and ZIP Code Port Chester		NY 10573
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation INDEPENDENT	5. Office Sought Presidential	6. State & District of Candidate 00

### 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)

**GLENN SCOTT ALLISTAIR SIMPSON**

(b) Address (number and street)

37 SOUTH REGENT STREET, APT. 207  
2L

(c) City, State, and ZIP Code

PORT CHESTER NY 10573

### 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)

**GLENN SCOTT ALLISTAIR SIMPSON**

(b) Address (number and street)

37 South Regent Street, Apt. 207  
2L

(c) City, State, and ZIP Code

Port Chester NY 10573

*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**

Simpson, Glenn, Scott Allistair, Mr.,

**Date**

*[Electronically Filed]* 08/08/2022

**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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