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FEC FORM 2

STATEMENT OF CANDIDACY

1.	())) () () () () () () () ()							
	(a) Name of Candidate (in full)							
	Grothman, Glenn, S., , (b) Address (number and street)	□ Chan	k if addrass s	hongod		2 Candidata's EEC Ida	atification Number	
	PO Box 1215	k if address c	nanged		Candidate's FEC Identification Number H4WI06048			
	(c) City, State, and ZIP Code					3. Is This No		
	Fond du Lac		WI	54964	4-1215	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate		
	REPUBLICAN PARTY	House			WI	06		
	DE	SIGNATION	OF PRINC	CIPAL	CAMPAIGN	N COMMITTEE		
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)							
	NOTE: This designation should be f	led with the approp	priate office li	sted in th	ne instructions.			
	(a) Name of Committee (in full) GLENN GROTHMA	N FOR COI	NGRESS	3				
	(b) Address (number and street) PO BOX 1215							
	(c) City, State, and ZIP Code							
	FOND DU LAC				WI	54964-1215		
8.	I hereby authorize the following name candidacy.	(Inclu	uding Joint Fu	ındraisin	g Representative	•	pend funds on behalf of my	
	candidacy.							
	NOTE: This designation should be f	led with the princip	al campaign	committe	ee.			
		led with the princip	oal campaign	committe	ee.			
	NOTE: This designation should be f (a) Name of Committee (in full)	led with the princip	oal campaign	committe	ee. 			
	(a) Name of Committee (in full)	led with the princip	oal campaign	committe	96.			
		led with the princip	oal campaign	committe	ee.			
	(a) Name of Committee (in full)	led with the princip	oal campaign	committe	ee.			
	(a) Name of Committee (in full) (b) Address (number and street)	led with the princip	pal campaign	committe	ee.			
	(a) Name of Committee (in full)	led with the princip	pal campaign	committe	ee.			
	(a) Name of Committee (in full) (b) Address (number and street)	led with the princip	pal campaign	committe	ee.			
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code					nd belief it is true, correct	and complete.	
Si	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code						and complete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate			best of r	my knowledge a	Date	and complete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code			best of r			and complete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate			best of r	my knowledge a	Date	and complete.	
G	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate	mined this Stateme	ent and to the	best of t	my knowledge a ronically Filed]	Date 11/21/2022	· · · · · · · · · · · · · · · · · · ·	
G	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exalignature of Candidate Frothman, Glenn, , ,	mined this Stateme	ent and to the	best of t	my knowledge a ronically Filed]	Date 11/21/2022	· · · · · · · · · · · · · · · · · · ·	
G	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exalignature of Candidate Frothman, Glenn, , ,	mined this Stateme	ent and to the	best of t	my knowledge a ronically Filed]	Date 11/21/2022	· · · · · · · · · · · · · · · · · · ·	

FEC FORM 2 (REV. 02/2009)