

2010 APR 15 PM 12:08

## FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                                                                                 |                                           |                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>JACK WILSON SR</b>                                                     |                                           | 2. Candidate's FEC Identification Number                                                                 |
| (b) Address (number and street)<br><b>111 CRESSSTON RD</b><br><input type="checkbox"/> Check if address changed |                                           |                                                                                                          |
| (c) City, State, and ZIP Code<br><b>ARNOLD, MD 21012</b>                                                        |                                           | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>unaffiliated</b>                                                                     | 5. Office Sought<br><b>House of Reps.</b> | 6. State & District of Candidate<br><b>MD 1st Congress District</b>                                      |

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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)<br><b>FRIENDS of Jack Wilson</b> |  |
| (b) Address (number and street)<br><b>P.O. Box 1492</b>          |  |
| (c) City, State, and ZIP Code<br><b>Millersville, MD 21108</b>   |  |

## 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<br><b>Jack N Wilson Sr</b> | Date<br><b>4/5/2010</b> |
|---------------------------------------------------|-------------------------|

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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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                      |                                 |
|--------------------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Hand Delivered                                              | Date of Receipt                 |
| <input type="checkbox"/> USPS First Class Mail                                       | Postmarked                      |
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| <input type="checkbox"/> USPS Priority Mail                                          | Postmarked                      |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>     |                                 |
| <input type="checkbox"/> USPS Express Mail                                           | Postmarked                      |
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| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i> | Shipping Date<br><i>4/14/10</i> |
| Next Business Day Delivery <input checked="" type="checkbox"/>                       |                                 |
| <input type="checkbox"/> Received from House Records & Registration Office           | Date of Receipt                 |
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| <input type="checkbox"/> Other (Specify):                                            | Date of Receipt or Postmarked   |
| <i>EL</i>                                                                            | <i>4/15/10</i>                  |
| PREPARER                                                                             | DATE PREPARED                   |

(3/2005)

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