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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Wilson, Glenn, Allen, , (b) Address (number and street) PO Box 123	☐ Check if address changed				Candidate's FEC Identification Number S4MI00678				
_	(c) City, State, and ZIP Code					3. Is This Ne			Amended	
	Ionia		М	I 4884		Statement X (N)) OR	Ш	(A)	
4.	Party Affiliation REPUBLICAN PARTY	5. Office Soug Senate			6. State & Dist	rict 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 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
GLENN WILSON FOR SENATE										
	(b) Address (number and street)									
	PO BOX 123									
	(c) City, State, and ZIP Code									
	IONIA				MI	48846				
(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 exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct a	and complet	e.		
Signature of Candidate						Date				
Wilson, Glenn, Allen, ,						01/11/2024				
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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FEC FORM 2 (REV. 02/2009)