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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Riddle, Jonathan, , ,									
	(b) Address (number and street) 9 Sheridan Street Unit B3	☐ Check if address changed				Candidate's FEC Identification Number H0CT04195				
	(c) City, State, and ZIP Code					3. Is This	Ne	•W	Amended	
	Norwalk		СТ	0685	4	Stateme	ent 🗶 (N)) OR	(A)	
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candida	ite			
	REPUBLICAN PARTY	House			СТ	04				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMIT	TEE			
7.	I hereby designate the following na	med political con	nmittee as m	ny Principal	Campaign Comr	_	2020 year of elect	electi	on(s).	
	<u>*</u>	FE: This designation should be filed with the appropriate office listed in the instructions. Name of Committee (in full)								
	` ,									
	Riddle For Congress									
	(b) Address (number and street)									
	76 Progress Drive Suite 217									
	(c) City, State, and ZIP Code									
	Stamford				CT	06902				
	5.5	CIONIATION				001414177				
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)									
(moduling count i analaloling 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)										
	(a) Name of Committee (in ruii)									
(b) Address (number and street)										
	/a\ City Chate and TID Code									
	(c) City, State, and ZIP Code									
	Loortify that I have ave	minad this State	mont and to	the best of	my knowlodgo d	and haliaf it is t	ruo correct	and compl	loto	
	I certify that I have exa	ininieu inis State	ement and to	ine best of	Thy knowledge a		Tue, correct a	ана соттрі	eie. 	
Signature of Candidate Date										
Ri	iddle, Jonathan, , ,	[Elec	tronically Filed]	08/12/2019						
N 1/	OTE: Submission of false, arranges	or incomplete :	nformation =	nav aubiact t	ho porcen signi	ng this States	ont to possib	ion of 2 LL	S C 8427~	
IN	OTE: Submission of false, erroneous	, or incomplete i	mormation n	lay subject t	ne person signii	ig this Stateme	ent to penalt	ies of 2 U.	o.u. 94319.	
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FEC FORM 2 (REV. 02/2009)