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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a)	Name of Candidate (in full)							
	Murphy, Christopher, S, ,							
(b)	Address (number and street) PO BOX 127	□С	heck if addre	ss changed		2. Candidate's FEC Ide S2CT00132	ntification Nur	mber
(c)	City, State, and ZIP Code						ew	Amended
	CHESHIRE		C	Г 0641	0	Statement (N	N) OR	(A)
4. Pa	rty Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate		
D	EMOCRATIC PARTY	Senate			СТ			
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE		
7. Ih	ereby designate the following nar	med political co	mmittee as n	ny Principal	Campaign Comn	nittee for the 2024 (year of elec	election ction)	(s).
NO	OTE: This designation should be f	iled with the ap	propriate offi	ce listed in t	he instructions.			
(a)	Name of Committee (in full) FRIENDS OF CHRI	S MURPI	ΗY					
(b)	Address (number and street) PO BOX 127							
(c)	City, State, and ZIP Code							
	Cheshire				СТ	06410		
ca	ereby authorize the following nan	ned committee,	which is NO	T my princip		•	pend funds o	n behalf of my
NC	OTE: This designation should be f	iled with the pri	ncipal campa	aign committ	ee.			
(a)	Name of Committee (in full) Fight Back CT							
(b)	Address (number and street) 910 17th St NW Ste 925							
(c)	City, State, and ZIP Code							
(0)	Washignton				DC	20006		
	I certify that I have exa	mined this Stat	tement and to	the best of	my knowledge a	nd belief it is true, correct	and complete	e.
Signature of Candidate						Date		
Murphy, Christopher, S, ,				[Elec	tronically Filed]	05/23/2019		
NOTE	:: Submission of false, erroneous	, or incomplete	information r	nay subject	the person signin	ng this Statement to penal	ties of 2 U.S.(C. §437g.
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2	
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

(a) Name of Committee (in full) MURPHY VICTORY COMMITTEE (b) Address (number and street) PO BOX 65322 (c) City, State, and ZIP Code Washington DC 20035 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of n candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of n candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 8. I hereby authorize the following named committee, which is NOT my principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	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.							
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