FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Rob Simmons

(b) Address (number and street)
P.O. Box 268 Drawer 271

2. Identification Number
H0CT02124

(c) City, State and ZIP Code
Stonington CT 06378-

3. Is This Statement X New (N) OR Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
House

6. State & District of Candidate
CT 2

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Simmons For Congress

(b) Address (number and street)
P.O. Box 268 Drawer 271

(c) City, State and ZIP Code
Stonington CT 06378-

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)
2004 Joint Candidate Committee

(b) Address (number and street)
228 S. Washington St., Ste. 340

(c) City, State and ZIP Code
Alexandria VA 22314-

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.8) by

9A 0.00 for the primary election, and

9B 0.00 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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	Date
Rob Simmons	05/19/2004

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.