

Image# 201612219040804841

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) DeLauro, Rosa, L, ,		2. Candidate's FEC Identification Number HOCT03072
(b) Address (number and street) <input type="checkbox"/> Check if address changed 129 CHURCH ST, STE 818		3. Is This Statement <input checked="" type="checkbox"/> New (N) <b>OR</b> <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code NEW HAVEN CT 06510		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate CT 03

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) FRIENDS OF ROSA DELAURO	
(b) Address (number and street) 129 CHURCH ST, STE 818	
(c) City, State, and ZIP Code NEW HAVEN CT 06510	

### 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 DeLauro, Rosa, L, ,  <i>[Electronically Filed]</i>	Date 12/21/2016
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**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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