

Image# 202403029622300004

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) FLYNN, JOHN J, , ,		2. Candidate's FEC Identification Number S2CT00264	
(b) Address (number and street) 31 QUINTARD AVE		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code NORWALK CT 06854		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate CT 00	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) FLYNN 2024	
(b) Address (number and street) 31 QUINTARD AVE	
(c) City, State, and ZIP Code NORWALK CT 06854	

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 <i>flynn, john, j, Mr, v111</i>	Date 03/02/2024
---	--------------------

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

--	--	--	--	--	--	--	--	--	--