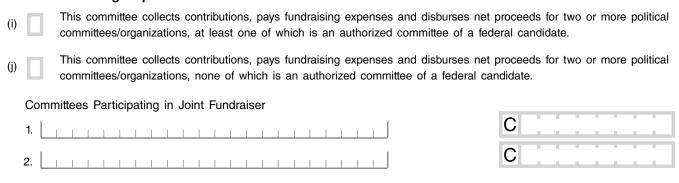
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06/23/2022 10 : 11

FEC FORM 1	STATEMENT ORGANIZATI	_	0	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)		ample:If typing, type er the lines.	12FE4M5	
Friends of Doc Cl	nai			
ADDRESS (number and street)	144 Blue Hills Road			
(Check if address is changed)				
is changed,	North Haven CITY ▲		CT 064 STATE ▲	173 
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	amy.f.chai@gmail.com			
<i>c</i> ,	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE ADD	DRESS (URL) docchai2022.com			
2. DATE 07 / 26	D / Y Y Y Y 2021			
3. FEC IDENTIFICATION NU	MBER ► C C007856	34		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best of my	knowledge and belief it is	s true, correct and	l complete.
Type or Print Name of Treasurer	De Los Santos, Jon, , ,			
Signature of Treasurer	s Santos, Jon, , ,	[Electronically Filed]	Date 06	23 / Y Y Y Y 2022
NOTE: Submission of false, errone	ous, or incomplete information may su ANY CHANGE IN INFORMATION S			penalties of 52 U.S.C. §30109
Office Use Only		For further information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FFC	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	. 490 =
	Candidate Committee:	
	(a) <b>x</b> This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	he candidate
	Name of Candidate	
	Candidate Office Y House Senate President	State CT District 03
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State (Democrat	ic, n, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Corporation Corporation w/o Capital Stock	Organization
	Membership Organization Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid F	AC).

## Joint Fundraising Representative:



In addition, this committee is a Lobbyist/Registrant PAC.

	FEC Form 1 (Revised 0	12/2009)							_		_						Pag	ge 3	3		
W	/rite or Type Committee Name																				
_	Friends of Doc	Chai																			
6.	Name of Any Connected O FRIENDS OF DOC (	•	ted Comm	ittee, 、	Joint	Func	<b>Iraisi</b>	ng Re	epre:	senta	ative	<b>), OI</b>	r Le	€ade	ərsh	ip I	PAC	Sp	on	sor	
																					]
	Mailing Address	144 BLUE HILLS F	ROAD				<u>   </u>			_											
																			_		
		NORTH HAVEN				<u> </u>				СТ	- 		0	6473	3						I
			CITY	· 🔺					(	STAT	ΈÅ				Z	<u>I</u> P	COI	DE .			

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee

**x** Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

books and records.

Relationship:

Connected Organization

De Los Sa	ntos, Jon, , ,			
Full Name				
Mailing Address	5 Judd Avenue			
	Bethel			01
	CI	ITY 🔺	STATE A	ZIP CODE
Title or Position ▼				
Treasurer		Tel	ephone number	_ 218 _ 9895

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	De Los Santos, Jon, , ,
of Treasurer	
Mailing Address	5 Judd Avenue
	Bethel     CT     06801       Image: Image
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	•
Treasurer	Image: Telephone number 475 - 218 - 9895

FEC Form 1 (Revised 02	2/20	009)	)																		F	Page	e <b>4</b>	ļ		
Full Name of Designated Agent	1								ĺ														1	1	1	
Mailing Address																										
																								<u> </u>		
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Title or Position ▼																										
										-	Tele	əph	one	e ni	umt	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	People's United Bank		
Mailing Address			
	Hamden	CT 06514	
	CITY A	STATE 🔺	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address	293 Greenwood Avenue		
	Bethel	CT 06801	
	CITY A	STATE 🔺	ZIP CODE