

Image# 202601239794149349

PAGE 1 / 1

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SHEA, CHRIS, , ,		
(b) Address (number and street) 275 MAPLE AVE SUITE 1 PMB1015		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code CHESHIRE CT 06410		2. Candidate's FEC Identification Number H6CT05231
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate CT 05

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) CHRIS SHEA FOR CONGRESS		
(b) Address (number and street) 275 MAPLE AVE SUITE 1 PMB1015		
(c) City, State, and ZIP Code CHESHIRE CT 06410		

### 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) CHRIS SHEA VICTORY FUND		
(b) Address (number and street) 275 MAPLE AVE SUITE 1 PMB1015		
(c) City, State, and ZIP Code CHESHIRE CT 06410		

*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 SHEA, CHRIS, , ,	Date 01/23/2026
--	--------------------

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

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