

Image# 202402299622295467

PAGE 1 / 2

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Murphy, Christopher, S, ,		
(b) Address (number and street) PO BOX 230987		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Hartford CT 06123		2. Candidate's FEC Identification Number S2CT00132
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Senate
6. State & District of Candidate CT		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

### 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) FRIENDS OF CHRIS MURPHY		
(b) Address (number and street) PO BOX 230987		
(c) City, State, and ZIP Code Hartford CT 06123		

### 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 Murphy Victory Fund		
(b) Address (number and street) PO BOX 65322		
(c) City, State, and ZIP Code Washington DC 20035		

*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 Murphy, Christopher, S, ,	Date 02/28/2024
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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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Optional Supplemental Page for Designation  
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

## 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)

Blue Senate 2024

(b) Address (number and street)

600 PENNSYLVANIA AVE SE  
#15180

(c) City, State, and ZIP Code

Washington

DC

20003

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)

CONNECTICUT SENATE VICTORY 2024

(b) Address (number and street)

120 MARYLAND AVE NE

(c) City, State, and ZIP Code

Washington

DC

20002

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)

PA-CT SENATE VICTORY

(b) Address (number and street)

PO BOX 65322

(c) City, State, and ZIP Code

Washington

DC

20035

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