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FEC FORM 2

STATEMENT OF CANDIDACY

										=
	e of Candidate (in full)									
	oas, Chris, , ,									
	ess (number and street) Box 313	□С	heck if addre	ss changed		2. Candida S6NH0	ite's FEC Ider 00141	ntification I	Number	
(c) City,	State, and ZIP Code					3. Is This	Ne	ew	Amended	Γ
Mar	nchester		NH	1 0310	5	Statem	nent (N) OR	× (A)	
4. Party Aff	iliation	5. Office Soug	jht		6. State & Dis	trict of Candid	date			_
DEMO	CRATIC PARTY	Senate			NH					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Nam	e of Committee (in full)									
Ch	ris Pappas for Se	enate								
(b) Addre	ess (number and street)									
РО	Box 313									
(c) City,	State, and ZIP Code									_
Ма	nchester				NH	03105	;			
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										
candidad	•	nea committee,	Which is NO	тту рппсір	ai campaign coi	mmillee, to re	ceive and exp	oena tuna:	s on benail of my	
NOTE: T	his designation should be	filed with the pr	incipal campa	ign committ	ee.					
(a) Name	e of Committee (in full)									_
Chris Pappas Victory Fund										
(b) Addre	ess (number and street)									
PO	Box 313									
(c) City,	State, and ZIP Code									_
Mai	nchester				NH	03105				
	I certify that I have exa	amined this Sta	tement and to	the best of	my knowledge a	and belief it is	true, correct	and comp	lete.	_
Signature of	of Candidate					Date				_
Pappas, Ch	ris, , ,					12/15/20	25			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
NOTE: Sub	mission of faise, erroneous	, or incomplete	information n	nay subject	ine person signi	ng this Stater	nent to penali	ies of 2 U	.S.C. §43/g.	_
					1			I		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	candidacy. NOTE: This designation should be filed with the principal campaign					
	(a) Name of Committee (in full)					
	Coons Pappas Victory Fund					
	(b) Address (number and street)					
	600 Pennsylvania Ave SE Unit 15180					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
8.	 I hereby authorize the following named committee, which is NOT my principal ca candidacy. NOTE: This designation should be filed with the principal campaign 		mittee, to receive and expend funds on behalf of my			
	(a) Name of Committee (in full)					
	Justice 2026					
	(b) Address (number and street) 600 Pennsylvania Ave SE					
	Unit 15180					
	(c) City, State, and ZIP Code Washington	0	20003			
	washington	C	20003			
8.	8. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaign		mittee, to receive and expend funds on behalf of my			
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
8.	 I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaign 		mittee, to receive and expend funds on behalf of my			
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					