## RECEIVED FEC MAIL CENTER

2010 AUG -4 AM 11: 08

Brickley for Congress PO Box 290718 Wethersfield, Ct 06129-00718

July 28, 2010

Federal Elections Commission Washington, DC 20463

Dear FEC,

Enclosed is a re-submittal of my FEC Form 2, Statement of Candidacy. This form was previously submitted electronically. Enclosed is a paper copy with my signature for your records.

Sincerely,

Ann M. Brickley

en m. Michey

Candidate US Representative, CT-1

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2018 AUG -4 AM 11: 08

## FEC FORM 2 STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)	. 1								
	Ann M. Br	Ann M. Brickley Address (nurriber and street)  Oneck if address changed				2. Candidate's FEC Identification Number				
	(b) Address (number and street) University address changed  143 1-fighters tZd					2 Candidate's FEC Intermittation Number				
	(c) City, State, and Zip-Code				3. 1	s This	New		Amended	
	wethersfield,	CT 0610	G		*	Statement	(N)	OR	(A)	
4.	Party Affiliation	5. Office Sought		6. State & Distr						
	Republican	House		Con	nec	ticut	-1-			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designate the following named political committee as my Principal Campaign Committee for the _ <u>2010</u> _election(s).  (year of election)										
<b>NOTE:</b> This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full)										
	Briculey (6) Address (number and street)	or Congress								
		•								
	PO Boy 2 (c) City, State, and ZIP Code	90718				····				
			_							
	Wethersfie'	id, CT O	6129	- 0718	3	···				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES										
(Including Joint Fundraising Representatives)										
₩.	<ol> <li>I hereby authorize the following manued committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.</li> </ol>									
	NOTE: This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	dly 6 didentification and associated									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code	-								
_	I certify that I have exa	mined this Statement and	to the best of	my knowledge at	nd bel	ief it is true, c	wed and	omplet		
Signature of Candidate Date -										
	Que m p	ricelen				.7	-29	ı - 10		
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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