

FEC FORM 2

STATEMENT OF CANDIDACY

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 SECRETARY OF THE SENATE
 PUBLIC RECORDS
 2018 APR 17 PM 1:45

1. (a) Name of Candidate (in full) Joe Visconti		
(b) Address (number and street) 1 Clifton Ave		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code West Hartford CT 06107		2. FEC Candidate Identification Number (0067405)
4. Party Affiliation Republican	5. Office Sought U.S. Senate	3. Is This Statement <input checked="" type="checkbox"/> ^{New} (N) OR <input type="checkbox"/> Amended (A)
6. State & District of Candidate Connecticut		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) Joe Visconti Connecticut
(b) Address (number and street) PO Box 784
(c) City, State, and ZIP Code Storrs, CT 06268

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)
(b) Address (number and street)
(c) City, State, and ZIP Code

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 Joe B. Visconti	Date 3/29/18
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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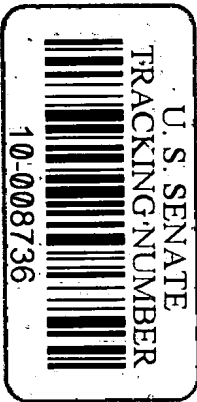
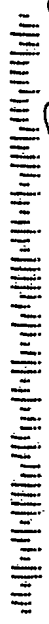
Joe Visconti CT
P.O. Box 784
Storrs, CT
06268

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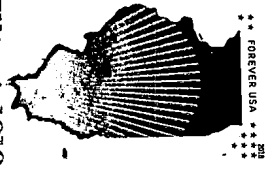
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

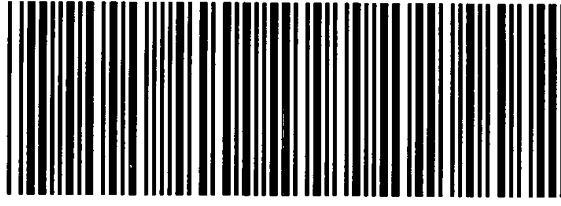
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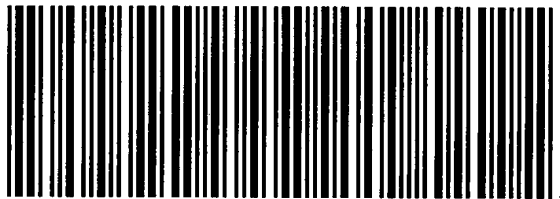
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