

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <u>Janett Oliveri</u>		
(b) Address (number and street) <u>302 Lakewood Ave.</u> ☐ Check if address changed		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <u>Waterbury CT 06705</u>		3. Is This Statement ☒ ^{New} (N) OR ☐ Amended (A)
4. Party Affiliation	5. Office Sought	6. State & District of Candidate

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) <u>J. D'Amelia and Associates, LLC CT Housing</u>
(b) Address (number and street) <u>37 Brookside Rd.</u>
(c) City, State, and ZIP Code <u>Waterbury, CT 06708</u>

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	Date
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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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PRESS FIRMLY



PLYMOUTH, CT 06782
DEC 03, 2023

20463

RDC 07

\$28.75

R2303S100843-04



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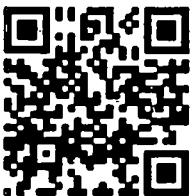


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EP13F May 2020
OD: 12 1/2 x 9 1/2

NON-RETURNABLE

PEEL FROM THIS CORNER

FROM: PLEASE PRINT PHONE: 203-760-1379
Janet Oliver, Inc.
302 Lakewood Ave.
Waterbury CT 06705
US Postal Rd. 31 Center
Terryville Ct Derby CT 06432

DELIVERY OPTIONS (Customer Use Only)
☐ SIGNATURE REQUIRED *Note: The addressee must check the Signature Required box if the addressee requires the addressee's signature. OR (2) Purchases additional insurance. OR (3) Purchases COD service. OR (4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.*
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Federal Election Commission
1050 First Street
20463 Washington DC

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☐ 1-Day ☐ 2-Day ☐ Military ☐ DPO
PO ZIP Code _____ Scheduled Delivery Date (MM/DD/YY) 12-11-23
Date Accepted (MM/DD/YY) 12-8-23 Scheduled Delivery Time 4:00 PM
Time Accepted 3:57 PM
Special Handling/Fragile _____ Sunday/Holiday Premium Fee \$
Weight _____ Acceptance Employee Initials \$
Ins. OZS. 17 \$
Total Postage & Fees \$28.75

DELIVERY (POSTAL SERVICE USE ONLY)
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Delivery Attempt (MM/DD/YY) Time _____ Employee Signature _____
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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
 PREPARER	12/11/23 DATE PREPARED

(4/2023)

DO NOT WRITE IN THESE SPACES