

Image# 202504159755350732

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Chai, Amy, Fogelstrom, Dr,		2. Candidate's FEC Identification Number H2CT03102	
(b) Address (number and street) 144 Blue Hills Road		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code North Haven		CT	06473
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate CT 01	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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 DOC CHAI

(b) Address (number and street)

144 BLUE HILLS ROAD

(c) City, State, and ZIP Code

NORTH HAVEN

CT 06473

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)

FRIENDS OF DOC CHAI

(b) Address (number and street)

144 BLUE HILLS ROAD

(c) City, State, and ZIP Code

NORTH HAVEN

CT 06473

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

Chai, Amy, Fogelstrom, Dr.,

Date

04/15/2025

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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Form/Schedule: F2A

Transaction ID :

Updated to new party affiliation. New District noted. Changing from district 3 to district 1.

Form/Schedule:

Transaction ID: