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FEC FORM 2

STATEMENT OF CANDIDACY

	(a) Name of Candidate (in full)											
	Hayes, Jahana, , ,	Charle if address showed				O Candida	to'o FFC Idontii	lianting N	م ما مدید دا			
	(b) Address (number and street) PO Box 1487	☐ Check if address changed			Candidate's FEC Identification Number H8CT05245							
	(c) City, State, and ZIP Code Waterbury		СТ	0672	1	3. Is This Statem		OR	×	Amended (A)		
4.	Party Affiliation	5. Office Sough			6. State & Dis		` '					
	DEMOCRATIC PARTY	House			СТ	05						
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following nar	ned political cor	nmittee as m	y Principal (Campaign Com	mittee for the	2026 (year of election		on(s).			
	NOTE: This designation should be f	iled with the app	ropriate offic	ce listed in th	ne instructions.							
	(a) Name of Committee (in full)											
	Friends of Jahana H	ayes										
	(b) Address (number and street)											
	PO Box 1487											
	(c) City, State, and ZIP Code											
	Waterbury				СТ	06721						
8.	I hereby authorize the following nan candidacy.	ned committee,	which is NO	Γ my principa		,	ceive and expe	nd funds	on be	half of my		
	NOTE: This designation should be f	led with the prir	ісіраі сапіра	ign committe	ee.							
		led with the prir	пограг саттра	ign committe	ee. 							
	(a) Name of Committee (in full) FRONTLINE ORGA	·				CHANGE	E & EQUIT	ΓΥ (F0	ORC	E) PAC		
	(a) Name of Committee (in full)	·				CHANGE	E & EQUIT	TY (FO	ORC	E) PAC		
	(a) Name of Committee (in full) FRONTLINE ORGA	·				CHANGE	E & EQUIT	ΓΥ (F0	ORC	E) PAC		
	(a) Name of Committee (in full) FRONTLINE ORGA (b) Address (number and street)	·				CHANGE	E & EQUIT	TY (FO	ORC	E) PAC		
	(a) Name of Committee (in full) FRONTLINE ORGA (b) Address (number and street) 122 C ST NW Suite 360	·				CHANGE 20001	E & EQUIT	ΓΥ (F0	ORC	E) PAC		
	(a) Name of Committee (in full) FRONTLINE ORGA (b) Address (number and street) 122 C ST NW Suite 360 (c) City, State, and ZIP Code	NIZING F	OR REP	RESEN	TATION, o	20001				E) PAC		
Si	(a) Name of Committee (in full) FRONTLINE ORGA (b) Address (number and street) 122 C ST NW Suite 360 (c) City, State, and ZIP Code Washington	NIZING F	OR REP	RESEN	TATION, o	20001				E) PAC		
	(a) Name of Committee (in full) FRONTLINE ORGA (b) Address (number and street) 122 C ST NW Suite 360 (c) City, State, and ZIP Code Washington	NIZING F	OR REP	RESEN	TATION, o	20001 and belief it is	true, correct ar			E) PAC		
Н	(a) Name of Committee (in full) FRONTLINE ORGA (b) Address (number and street) 122 C ST NW Suite 360 (c) City, State, and ZIP Code Washington I certify that I have examing the state of Candidate	NIZING F	OR REP	RESEN	DC	20001 and belief it is Date 09/02/202	true, correct ar	nd compi	lete.			

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)

	(including solint rundralsing nepresentatives)								
3.	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)								
	HAYES VICTORY FUND								
	(b) Address (number and street)								
	PO BOX 65322								
	(c) City, State, and ZIP Code	_							
	WASHINGTON DC 20035								
3.	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)	-							
	JEFFRIES BATTLEGROUND PROTECTION FUND								
	(b) Address (number and street) 430 SOUTH CAPITOL STREET SE	-							
	2ND FL								
	(c) City, State, and ZIP Code								
	Washington DC 20003								
		_							
3.	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)	-							
	FRONTLINE PROTECTION FUND								
	(b) Address (number and street) PO BOX 65322	-							
	1 O BOX 03322								
	(c) City, State, and ZIP Code	-							
	Washington DC 20035								
		_							
3.	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	-							