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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Chai, Amy, Fogelstrom, Dr,		
(b) Address (number and street) 144 Blue Hills Road		☐ Check if address changed
(c) City, State, and ZIP Code North Haven CT 06473		2. Candidate's FEC Identification Number H2CT03102
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate CT 01		3. Is This Statement ☐ New (N) OR ☒ Amended (A)

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 07/28/2026
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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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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

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