

FEC FORM 2

STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

10 APR 19 AM 11:27

1. (a) Name of Candidate (in full) VINCENT FORRAS		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 504 BARRICK HILL RD		2. Candidate's FEC Identification Number C00463356
(c) City, State, and ZIP Code RIDGEFIELD CT 06877		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN	5. Office Sought SENATE	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 2010 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)
COMMITTEE TO ELECT VINCENT FORRAS TO US SENATE

(b) Address (number and street)

(c) City, State, and ZIP Code

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 1/30/10
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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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Mo. Day Year	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$ Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 15.00
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)		
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Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY	
<input type="checkbox"/> NO DELIVERY Weekend <input type="checkbox"/> Holiday	<input type="checkbox"/> Mailing Signature
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	

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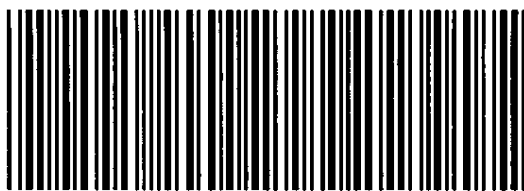
PREPARER

RD

DATE PREPARED

04-19-10

10020270848



10020270849