

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ESTY, ELIZABETH, , ,		2. Candidate's FEC Identification Number H2CT05131
(b) Address (number and street) <input type="checkbox"/> Check if address changed 213 PRESTON TER		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code CHESHIRE CT 06410		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate CT 05

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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 ELIZABETH ESTY		
(b) Address (number and street) PO BOX 61		
(c) City, State, and ZIP Code CHESHIRE CT 06410		

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) CONNECTICUT 5TH DISTRICT VICTORY FUND		
(b) Address (number and street) PO BOX 61		
(c) City, State, and ZIP Code CHESHIRE CT 06410		

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 ESTY, ELIZABETH, , , <i>[Electronically Filed]</i>	Date 01/07/2018
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

NADLER VICTORY FUND

(b) Address (number and street)

200 WEST 79TH STREET, #8N

(c) City, State, and ZIP Code

NEW YORK

NY

10024

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)

2018 FRONTLINE WOMEN TAKE BACK THE HOUSE

(b) Address (number and street)

24 EAST 93RD STREET

APT. 4B

(c) City, State, and ZIP Code

NEW YORK

NY

10128

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

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