

**FEC FORM 2  
STATEMENT OF CANDIDACY**

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1. (a) Name of Candidate (in full) Michael A. Walrond		2. Identification Number	
(b) Address (number and street) 3 Park Street		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Edgewater, NJ 07020		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation Democratic Party	5. Office Sought House	6. State & District of Candidate NY-13th District	

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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) Walrond for Congress
(b) Address (number and street) P.O. Box # 217
(c) City, State, and ZIP Code New York, NY 10030

**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 11/10/13
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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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MEMORANDUM FOR CONGRESS  
P.O. Box 217  
New York, N.Y. 10030

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PREPARER	DATE PREPARED

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