

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mr. DOUGLAS L. HOFFMAN			2. Identification Number HONY23107	
(b) Address (number and street) PO BOX 270		<input type="checkbox"/> Check if address changed	25 ADK LODGE ROAD	
(c) City, State and ZIP Code LAKE PLACID NY 12946		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NY 23		

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) DOUG HOFFMAN FOR CONGRESS		
(b) Address (number and street) 111 RIVER STREET		
(c) City, State and ZIP Code SARANAC LAKE NY 12983		

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 Mr. DOUGLAS L. HOFFMAN	Date 12/21/2009
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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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