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2010 MAY 10 AM 8:16

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>ROLAND STRATEN</b>		
(b) Address (number and street) <b>6 ERWIN PARK</b>		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code <b>MONTCLAIR, NJ 07042</b>		2. Candidate's FEC Identification Number <b>H8NT00956</b>
4. Party Affiliation <b>REP</b>		3. Is This Statement <input checked="" type="checkbox"/> New <input type="checkbox"/> (N) OR <input type="checkbox"/> Amended <input type="checkbox"/> (A)
5. Office Sought <b>US HOUSE</b>	6. State & District of Candidate <b>NJ 8th</b>	

### 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) <b>STRATEN FOR CONGRESS INC</b>
(b) Address (number and street) <b>6 ERWIN PARK</b>
(c) City, State, and ZIP Code <b>MONTCLAIR, NJ 07042</b>

### 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.

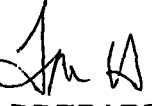
Signature of Candidate 	Date <b>5/1/10</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2005)	5/10/10 DATE PREPARED

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