## 11030561084

## FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED

2011 SEP -7 AM 8: 34

(c) City State, and ZIP Code  Designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  Designation of Other Authorization Rounding Joint Fundratising Representatives)  1. In hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidates.  Designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my candidates.  Designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my candidates.  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  ROWALD MARULLO FOR Resident Committee  (b) Address (number and street)  Designation of the Rowal Library (including Joint Fundratising Representatives)  13 - 14					7 A11 0- 34
(c) City, State, and ZIP Code    Second Color   State and ZIP Code   State   S	1. (a) Name of Candidate (in full)	RONALD	MARUI	LLO FECM	AIL CENTER
## Statement   March	(b) Address (number and street)	☐ Check if addre	ss changed	2. Candidate's FEC Ider	itification Number
## Statement   March	13-14 154	Street	200		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Cammittee for the 30/2 election(e). (year of election)  NOTE: This designation should be filled with the appropriate office listed in the Instructions.  (a) Name of Committee (in full)  ROWALD MARULL O FOR President Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  13-14 1544 SHROET  (c) City, State, and ZIP Code  (c) City, State, and ZIP Code  (d) Name of Committee (in full)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  NOTE: This designation should be filled 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  Page 15-14  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.		N.Y. 1135	7	1 60 6	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  7. I hereby designate the following named political committee as my Principal Campaign Committee for the 20/2 election(e).  NOTE: This designation should be filled with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  ROWALD MARULL O FOR Resident Committee  (b) Address (number and street)  13 - 14 1544 SHROCK  (c) City, State, and ZIP Code  (c) City, State, and ZIP Code  13 - 14 1544 SHROCK  (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 filled 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  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	4. Party Affiliation  NONE		USA 6. State & D	istrict of Candidate  WXORK  1	11th Distric
NOTE: This designation should be filed with the appropriate office listed in the Instructions.  (a) Name of Committee (in full)  ROWALD MARULL O FOR President Committee (in Number and street)  (b) Address (number and street)  (c) City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  B. 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  Date  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	D	<b>1</b>	INCIPAL CAMPAIC	GN COMMITTEE	_
(a) Name of Committee (in full)  ROWALD MARULLO FOR President Committee  (b) Address (humber and street)  13 - 14 15445  SHREET  (c) City, State, and ZIP Code  United to SHREET  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 filled 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  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	7. I hereby designate the following n	named political committee as n	ny Principal Campaign Ca	<u> </u>	
ROWALD MARULLO FOR Resident Committee  (b) Address (number and street)  (c) City, State, and ZIP Code  (c) City, State, and ZIP Code  (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  Randa Marullo  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.		e filed with the appropriate offi	ce listed in the instructions	s	
(c) City, State, and ZIP Code    13 - 14	(a) Name of Committee (in full)  Rol	NALD MA	RULLO -	for Presid	ent Committee
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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  Address (number and street)  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	D			· · · · · · · · · · · · · · · · · · ·	,
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Signature of Candidate  Rando MARCO 9-5-//  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(c) City, State, and ZIP Code				
Signature of Candidate  Renal Markulo  9-5-//  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	Loortify that I have a	examined this Statement and to	o the heat of my knowledge	o and ballof it in true correct	and complete
Randa Marculo 9-5-// NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.		Administration of the state of	- A		ала онтриво.
	Signature of Candidate  Ray ald	MARUL	0	9-5-	//
EEC 50PM 2/PEV 022000)	NOTE: Submission of false, erroneo	us, or incomplete information r	nay subject the person siç	ning this Statement to penal	ties of 2 U.S.C. §437g.
EEC FORM 2 (PEV 02000)					
, 1 CO 1 ONIN 2 INC 4. 02/2009)					FEC FORM 2 (REV. 02/2009)

(3/2005)

## **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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER