

# FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

|                                                                   |                                         |                                                                                                          |
|-------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>JAMES J. MARTORANO</b>   |                                         | 2. Identification Number<br><b>2005 AUG 24 A 9:29</b>                                                    |
| (b) Address (number and street)<br><b>283 Beechwood Lane</b>      |                                         |                                                                                                          |
| (c) City, State, and ZIP Code<br><b>Yorktown Heights NY 10598</b> |                                         | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>DEM</b>                                | 5. Office Sought<br><b>House of Rep</b> | 6. State & District of Candidate<br><b>NY - 19th Cong. District</b>                                      |

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2006** 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)<br><b>Jim Martorano For Congress</b>            |
| (b) Address (number and street)<br><b>c/o Aaron Bock 2000 Maple Hill Street</b> |
| (c) City, State, and ZIP Code<br><b>Yorktown Heights, New York 10598</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   |

## DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

|    |  |                               |
|----|--|-------------------------------|
| 9A |  | for the primary election, and |
| 9B |  | for the general election.     |

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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<br> | Date<br><b>8-1-05</b> |
|----------------------------|-----------------------|

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                 |
| <input type="checkbox"/> USPS First Class Mail                                       | Postmarked                      |
| <input type="checkbox"/> USPS Registered/Certified                                   | Postmarked (R/C)                |
| <input type="checkbox"/> USPS Priority Mail                                          | Postmarked                      |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>     |                                 |
| <input type="checkbox"/> USPS Express Mail                                           | Postmarked                      |
| <input type="checkbox"/> Postmark Illegible                                          |                                 |
| <input type="checkbox"/> No Postmark                                                 |                                 |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>ups</i> | Shipping Date<br><i>8/28/05</i> |
| Next Business Day Delivery <input type="checkbox"/>                                  |                                 |
| <input type="checkbox"/> Received from House Records & Registration Office           | Date of Receipt                 |
| <input type="checkbox"/> Received from Senate Public Records Office                  | Date of Receipt                 |
| <input type="checkbox"/> Received from Electronic Filing Office                      | Date of Receipt                 |
| <input type="checkbox"/> Other (Specify):                                            | Date of Receipt or Postmarked   |
| <i>Jmw</i><br>PREPARER                                                               | <i>8/24/05</i><br>DATE PREPARED |

(3/2005)

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