# FEC FORM 2
## STATEMENT OF CANDIDACY

1.  (a) Name of Candidate (in full)

    Dolan, Martin, William, Mr,

|  |  |  |
|---|---|---|
| (b) Address (number and street)<br>25 BRADLEY ST<br>COTTAGE | ☐ Check if address changed | 2. Candidate's FEC Identification Number<br>H4NY16079 |
| (c) City, State, and ZIP Code<br>Dobbs Ferry    NY    10522 | | 3. Is This Statement  ☐ New (N)  **OR**  ☒ Amended (A) |

| 4. Party Affiliation | 5. Office Sought | 6. State & District of Candidate |
|---|---|---|
| DEMOCRATIC PARTY | House | NY    14 |

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7.  I hereby designate the following named political committee as my Principal Campaign Committee for the ___2024___ 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)

### MARTYDOLANFORCONGRESS

(b) Address (number and street)

PO BOX 17

(c) City, State, and ZIP Code

D                                                          NY         10522

## 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** |
|---|---|
| *Dolan, Martin, William, Mr,* | 03/07/2024 |

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)