

Image# 10930294551

FEC FORM 2

STATEMENT OF CANDIDACY

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

Mr. Michael E. McMahon

(b) Address (number and street)

66 Arnold Street

(c) City, State and ZIP Code

Staten Island

NY

10301

 Check if address changed

2. Identification Number

H8NY13077

3. Is This Statement

 New (N)

OR

 Amended (A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State & District of Candidate

NY 13

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)

McMahon for Congress

(b) Address (number and street)

66 Arnold Street

(c) City, State and ZIP Code

Staten Island

NY

10301

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)

Rangel Victory Fund

(b) Address (number and street)

818 Connecticut Ave NW

Suite 1100

(c) City, State and ZIP Code

Washington

DC

20006

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. Michael E. McMahon

Date

01/31/2010

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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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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)

Jared polis Victory Fund

(b) Address (number and street)

P.O. Box1174

(c) City, State and ZIP Code

Springfield

22151

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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)

Empire State Victory Fund

(b) Address (number and street)

P.O. Box 1174

(c) City, State and ZIP Code

Springfield

22151