

FEC FORM 2
STATEMENT OF CANDIDACY

2005 JUL 17 A 11:14

1. (a) Name of Candidate (in full) <u>Judith A. Andelott</u>		2. Identification Number
(b) Address (number and street) <u>100 Maple Avenue</u>		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code <u>Katonah, N.Y. 10536</u>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <u>Democrat</u>	5. Office Sought <u>Congress</u>	6. State & District of Candidate <u>New York State - 19th</u>

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) <u>Andelott for Congress Committee</u>	
(b) Address (number and street) <u>100 Maple Avenue</u>	
(c) City, State, and ZIP Code <u>Katonah, New York, 10536</u>	

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	<u>2,500.00</u>	for the primary election, and
9B	<u>2,500.00</u>	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 <u>Judith A. Andelott</u>	Date <u>July 11, 2005</u>
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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
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<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 type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JM10 PREPARER (3/2005)	7-17-05 DATE PREPARED

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