

facsimile transmittal

To: Federal Election Commission

Fax: 202-219-0174

From: Paloma A. Capanna, Attorney  
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(585) 377-7260  
facsimile (585) 586-5090  
www.divorce-ny.com

Date: Wednesday, October 05, 2005

Re: Capanna for Congress

Pages: 3

CC:

Fax:

- Urgent

For Your File

- Please Comment

- Please Reply

- F.Y.I.



25038902575

*The Law Office of Paloma A. Capanna, P.C.*

Powder Mill Office Park

1151 Pittsford-Victor Road, Suite 120

Pittsford, New York 14534-3800

(585) 377-7260  
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*Paloma A. Capanna, Attorney*  
*Sonali Rao Suvvaru, Attorney*  
\*also admitted as a Barrister in the  
United Kingdom & Commonwealth Countries  
*Ariana Percy, Paralegal*

October 5, 2005

Federal Election Commission  
999 E Street, NW  
Washington, D.C. 20463

*sent via certified mail,  
return receipt requested*


To Whom It May Concern:

Enclosed is the original FEC Form 2 "Statement of Candidacy" to declare myself a Democratic candidate to the United States House of Representatives for the 25<sup>th</sup> Congressional District of New York in the 2006 election.

Please return a hand-stamped copy of this form to me, using the enclosed SASE.

Thank you.

Respectfully,

  
Paloma A. Capanna

c. (w/encl.): Mr. James T. Walsh (via facsimile)

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# FEC FORM 2 STATEMENT OF CANDIDACY

|                                                                                                            |                                           |                                                                                                          |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>PALOMA A. CAPANNA</b>                                             |                                           | 2. Identification Number                                                                                 |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br><b>1774 LAKE ROAD</b> |                                           |                                                                                                          |
| (c) City, State, and ZIP Code<br><b>WEBSTER, N.Y. 14580</b>                                                |                                           | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>DEMOCRAT</b>                                                                    | 5. Office Sought<br><b>REPRESENTATIVE</b> | 6. State & District of Candidate<br><b>25<sup>TH</sup> CONGRESSIONAL DISTRICT OF NEW YORK</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>CAPANNA FOR CONGRESS</b>  |
| (b) Address (number and street)<br><b>1774 LAKE ROAD</b>        |
| (c) City, State, and ZIP Code<br><b>WEBSTER, NEW YORK 14580</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. **NONE.**

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 | <input type="checkbox"/> | for the primary election, and |
| 9B | <input type="checkbox"/> | 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><b>Paloma A. Capanna</b> | Date<br><b>October 5, 2005</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<br>Delivery 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                                                       |
| <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 checked="" type="checkbox"/> Other (Specify):                       | Date of Receipt or Postmarked                                       |

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N/A  
 PREPARER

N/A  
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