

# FEC FORM 2 STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

1. (a) Name of Candidate (in full) <b>Mel Martinez</b>		2. Identification Number <b>S4FL00298</b>	
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>Post Office Box 536176</b>		3. Is This Statement <input type="checkbox"/> New OR <input checked="" type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code <b>Orlando, FL 32853-6176</b>		5. State & District of Candidate <b>Florida</b>	
4. Party Affiliation <b>Republican</b>	5. Office Sought <b>Senate</b>		

05 JUL 12 AM 11:45 *TD*

### 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)  
**Martinez for Senate**

(b) Address (number and street)  
**111 S. Bumby Avenue, Suite 200**

(c) City, State, and ZIP Code  
**Orlando, FL 32803**

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fund-raising 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)  
**None**

(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 *Mel Martinez* Date **7-12-05**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. 5437g.

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EMILY J. REYNOLDS  
SECRETARY

PAULEA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 203  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0337

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 07-12-05  
Date of Receipt

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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