

FEC FORM 2
STATEMENT OF CANDIDACY

SENATE OF THE SENATE

2017 FEB 2 AM 9:15

1. (a) Name of Candidate (in full) RICK SACCONI		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 404 BOSTON HOLLOW ROAD		2. FEC Candidate Identification Number TO BE ASSIGNED
(c) City, State, and ZIP Code ELIZABETH PA 15037		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN	5. Office Sought US SENATE	6. State & District of Candidate PENNSYLVANIA

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

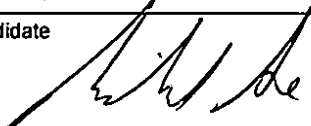
(a) Name of Committee (in full) PATRIOTS 4 SACCONI
(b) Address (number and street) 404 BOSTON HOLLOW ROAD
(c) City, State, and ZIP Code ELIZABETH PA 15037

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) NONE
(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 28 JAN 2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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2017020200051394
2017020200051114

2017020200051119

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FASTEST SERVICE IN THE U.S.

AT RATE ENVELOPE

PER RATE * ANY WEIGHT

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3F Apr 2015
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WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE:

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED **NOTE:** The mail must be placed in a Signature Required box at the meter. 1) Requires the addressee's signature. OR 2) Purchasable at retail counter OR 3) Purchasable at COD service. OR 4) Purchasable at Retail service. If the box is not checked, the Post Office will assume the item in the addressee's name recipient or other secure location without signature. In addition, the addressee's signature on delivery. Delivery Options:

- No Saturday Delivery (delivered next business day) (where available)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- Refer to USPS.com or local Post Office for availability.

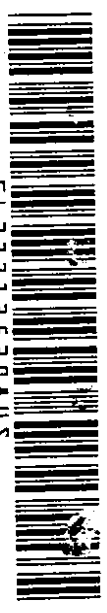
TO: (PLEASE PRINT)

PHONE:

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- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

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UNITED STATES POSTAL SERVICE
PRIORITY MAIL EXPRESSTM

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	Insurance Fee
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 12 NOON <input type="checkbox"/> 3:00 PM	Return Receipt Fee	Live Annual Transportation Fee
Time Accepted	10:30 AM Delivery Fee	Total Postage & Fees	
Weight	<input type="checkbox"/> Flat Rate		
Rate	Sunday/Holiday Premium Fee		
	Acceptance Employee Initials		
DELIVERY (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt (MM/DD/YYYY) Time	Employee Signature	Delivery Attempt (MM/DD/YYYY) Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Delivery Attempt (MM/DD/YYYY) Time	Employee Signature	Delivery Attempt (MM/DD/YYYY) Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM

LABEL 11-B, SEPTEMBER 2015

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United States Senate

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Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark **1-30-17**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

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"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

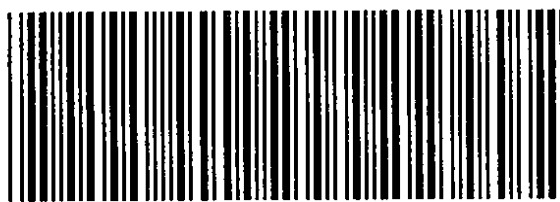
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

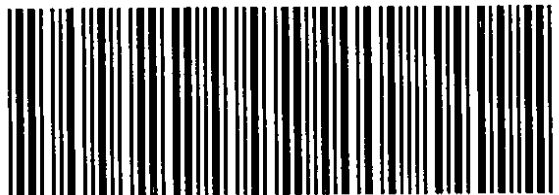
PREPARER **MN** DATE PREPARED **2/2/17**

4/04/16

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SEN PATCH



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