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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|--|---|-------------------------|-----------|------------------|-----------------|---|-----------------|-----------|------------|---------|--|
| | Angelo-Haight, Sarah, , , | | | | | 100 " | | 40 | | | |
| | b) Address (number and street) | | | | | Candidate's FEC Identification Number P00010116 | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | ew | A | mended | |
| | Ashland | | MA | 01721 | 1 | Staten | nent X (N | N) OR | (/ | A) | |
| 4. | Party Affiliation | 5. Office Sought | | | 6. State & Dist | rict of Candi | date | | | | |
| | INDEPENDENT | Presidential | | | | 00 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| Committee to Elect Sarah Angelo-Haight | | | | | | | | | | | |
| _ | (b) Address (number and street) | | | | | | | | | | |
| | 44 Cordaville Road | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | Ashland | | | | MA | 01721 | 1 | | | | |
| | | | | | | | | | | | |
| | DE | SIGNATION OF | THE | דווא ם | LUODIZED | COMMIT | TEES | | | | |
| 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 | | | | | | | | | | | |
| 8. | candidacy. | ned committee, which is | NOT my | principa | ai campaign cor | nmittee, to re | eceive and ex | pena tuna | s on benai | r or my | |
| NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | | | |
| | (0,1000) | | | | | | | | | | |
| | | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | |
| | | | | | | | | | | | |
| | (a) City State and ZID Code | | | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | mined this Statement an | id to the | best of i | ny knowledge a | and belief it is | s true, correct | and comp | lete. | | |
| Signature of Candidate | | | | | | Date | | | | | |
| Angelo-Haight, Sarah, , , | | | | ronically Filed] | 02/15/20 | 19 | | | | | |
| | | | | LEIECH | опиши тией | | | | | | |
| | | | | | | | | | | | |
| N | 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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FEC FORM 2 (REV. 02/2009)