

Image# 202402229622173172

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Sapraicone, Michael, , ,			2. Candidate's FEC Identification Number S4NY00404	
(b) Address (number and street) PO Box 222		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Greenvale NY 11548		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate NY 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) SAPRAICONE FOR SENATE		
(b) Address (number and street) PO BOX 222		
(c) City, State, and ZIP Code GREENVALE NY 11548		

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) Sapraicone Victory Fund		
(b) Address (number and street) PO Box 222		
(c) City, State, and ZIP Code Greenvale NY 11548		

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 Sapraicone, Michael, , ,	Date 02/22/2024
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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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