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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Sager, Franklin, Walton, Mr.,							
	(b) Address (number and street) 19 Rogers Road	☐ Check if address changed				Candidate's FEC Identification Number H0NY22075		
_	(c) City, State, and ZIP Code					3. Is This N	ew Amended	
	Port Crane		N'	Y 1383	3	Statement (N	N) OR (A)	
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	rict of Candidate		
	REPUBLICAN PARTY	House			NY	22		
	DE	SIGNATIC	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE		
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)							
	Sager for America							
	(b) Address (number and street) 19 Rogers Road							
_	(c) City, State, and ZIP Code							
	Port Crane				NY	13833		
	DE	SICNATIO	N OF OT	UED AII	TUODIZED	COMMITTEES	_	
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)								
(b) Address (number and street)								
(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Sta	tement and to	n the hest of	mv knowledge a	and belief it is true, correct	t and complete	
Si	gnature of Candidate	Tillinea tills ota	terrierit and te	The best of	Thy knowledge a	Date	and complete.	
	ager, Franklin, Walton, Mr.,							
50	iger, Trankin, watton, Mr.,			[Elec	tronically Filed]	01/18/2019		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)