**FEC** 

Only

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Greg Sagan for Congress 6600 Plum Creek Drive ADDRESS (number and street) Apt. 126 (Check if address is changed) Amarillo 79124 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sagandianne2020@gmail.com (Check if address is changed) Optional Second E-Mail Address sylviaperkins001@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.gregsaganforcongress.org (Check if address is changed) DATE 04 2019 C00649392 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Sagan, Dianne, G, Mrs., Type or Print Name of Treasurer Sagan, Dianne, G, Mrs., [Electronically Filed] 04 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE  Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name Cand		Sagan, Gregory, T, Mr.,	
Cand Party	lidate Affiliati	on DEM Office Sought: * House Senate President	State TX District 13
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:  (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Rev	ised 02/2009)	Page <b>3</b>
Write or Type Committee	Name	
Greg Sagan	for Congress	
	eted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
Walling / Idai 655		
	CITY STATE	ZIP CODE
	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	: Identify by name, address (phone number optional) and position of the person	in possession of committee
Saga	an, Dianne, G, Mrs.,	
	6600 Plum Creek Drive	
Mailing Address	Apt.126	
	Amarillo TX 79	9124
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 340 _ 3524
	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Saga of Treasurer	n, Dianne, G, Mrs.,	
Mailing Address	6600 Plum Creek Drive	
	Apt.126	
		9124
Title or Position	CITY STATE	ZIP CODE
	Telephone number	]- []

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Perkins, Sylvia, , ,	, , , , , , , , , , , , , , , , , , ,
Mailing Address	5718 S. Fannin St.	
Ç		
	Amarillo TX 79110	
Title on D. 19	CITY STATE	ZIP CODE
Title or Position Asst. Treasurer		6722262
safety deposit bo Name of Bank, [ Mailing Address	pepository, etc.  First Bank Southwest  5725 W. AMarillo Blvd.	
	Amarillo TX 79120	
	CITY STATE	ZIP CODE
Name of Bank, [	pepository, etc.	
Mailing Address		
Mailing Address		
Mailing Address		