

FEC FORM 2
STATEMENT OF CANDIDACY

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| | | | | | |
|---|--|-----------------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Dale A. Sweetland | | | 2. Identification Number | | |
| (b) Address (number and street) 8305 Route 80 | | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Fabius, NY 13063 | | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation Republican | | 5. Office Sought House of Rep. | | 6. State & District of Candidate 25th Congressional New York | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 08 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) Sweetland 08 | |
| (b) Address (number and street) PO Box 155, 375 W. Onondaga St., Suite 29 | |
| (c) City, State, and ZIP Code Syracuse, NY 13201, Syracuse, NY 13202 | |

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 | |


DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

| | | |
|----|-----------------------------------|-------------------------------|
| 9A | <input type="text" value="0.00"/> | for the primary election, and |
| 9B | <input type="text" value="0.00"/> | for the general election. |

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 4/15/08 |
|---|-----------------|

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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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> USPS Express Mail | Postmarked |
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| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/> | |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
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|  PREPARER (3/2005) | 4/21/08 DATE PREPARED |

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