FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)					
Saladino, Joseph, Peter, ,					
(b) Address (number and street) PO Box 50026	□ Check if address changed			2. Candidate's FEC Identification Number H0NY11086	
(c) City, State, and ZIP Code					ew Amended
Staten Island	NY 10305			Statement (N	
	5. Office Sought		6. State & Distr	ict of Candidate	
REPUBLICAN PARTY	House		NY	11	
		-			alastics (a)
7. I hereby designate the following nan				(year of elec	election(s). ction)
NOTE: This designation should be fi	ied with the appropriate off	ce listed in tr	ie instructions.		
(a) Name of Committee (in full) Saladino for Congre	SS				
(b) Address (number and street) PO Box 50026					
(c) City, State, and ZIP Code					
Staten Island			NY	10305	
 8. I hereby authorize the following name candidacy. NOTE: This designation should be find the following name of Committee (in full) 				mittee, to receive and ex	pend funds on behalf of my
(b) Address (number and street)					
(c) City, State, and ZIP Code					
I certify that I have exa	mined this Statement and to	the best of	my knowledge al	nd belief it is true, correct	and complete.
Signature of Candidate				Date	
Saladino, Joseph, Peter, ,		[Elect	ronically Filed]	05/08/2019	
NOTE: Submission of false, erroneous,	or incomplete information n	nay subject t	he person signin	g this Statement to penal	ties of 2 U.S.C. §437g.