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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	MR. Peter Northup II (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number		
	PO Box 373		Jok II addi o	oo onangoa		P60013919		
	(c) City, State, and ZIP Code				3. Is This New Amende	d		
	Schaghticoke	NY 12154				Statement X (N) OR (A)		
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sought Presidential			6. State & Distr	rict of Candidate		
	ILLI OBLICANT ARTT	Tresidential	1				_	
	DE	SIGNATION	OF PRI	INCIPAL	CAMPAIGN	N COMMITTEE		
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
	Northup 2016							
_	(b) Address (number and street)						_	
	PO Box 373							
	(c) City, State, and ZIP Code							
	Schaghticoke				NY	12154		
	DE	SIGNATION	OF OTI	HER AU	THORIZED	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)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
	I certify that I have exa	mined this Stater	ment and to	the best of	my knowledge a	nd belief it is true, correct and complete.		
Si	ignature of Candidate					Date	—	
	IR. Peter Northup II					08/30/2015		
				[Elec	tronically Filed]	08/30/2013		
N	OTE: Submission of false, erroneous	, or incomplete in	formation m	nay subject	the person signin	ng this Statement to penalties of 2 U.S.C. §437g.	_	
							_	
1								

FEC FORM 2 (REV. 02/2009)