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Image# 201608239023730415

## FEC FORM 2

## STATEMENT OF CANDIDACY

(a) Name of Candidate (in full)  Mr. Alle art Dudley Throws							
Mar. Alle ant Dividles Threeses							
Mr. Albert Dudley Thrower							
(b) Address (number and street) 1312 West 89th St	☐ Check if address changed			Candidate's FEC Identification Number     P60022803			
(c) City, State, and ZIP Code				3. Is This	New		Amended
Cleveland	Oł	H 44102		Statement	( )	OR	(A)
Party Affiliation	5. Office Sought		6. State & Distr	rict of Candidate			
Act	Presidential						
DE	SIGNATION OF PR	INCIPAL	CAMPAIGN	N COMMITT	EE		
7. I hereby designate the following nan	ned political committee as n	ny Principal C	Campaign Comn		2016 ar of election	_ election	(s).
NOTE: This designation should be fi	led with the appropriate offi	ce listed in th	ne instructions.				
(a) Name of Committee (in full)							
Uphold the Act of Co	ongress						
(b) Address (number and street) 1312 w 89th st							
(c) City, State, and ZIP Code							
Cleveland			ОН	44102			
DE	SIGNATION OF OT	HER AU	THORIZED	COMMITTE	ES		
	(Including Join	nt Fundraisin	g Representative	es)			
I hereby authorize the following nam- candidacy.	ed committee, which is NO	T my principa	al campaign con	nmittee, to receiv	e and expen	d funds or	n behalf of my
NOTE: This designation should be fi	led with the principal campa	aign committe	ee.				
(a) Name of Committee (in full)							
(=)							
(b) Address (number and street)							
(b) Address (number and street)							
(b) Address (number and street)							
(b) Address (number and street)  (c) City, State, and ZIP Code							
(b) Address (number and street)  (c) City, State, and ZIP Code	mined this Statement and to	) the best of I	my knowledge a	nd belief it is true	e, correct and	l complete	<del>2</del> .
(b) Address (number and street)  (c) City, State, and ZIP Code	mined this Statement and to	the best of t	my knowledge a	nd belief it is true	e, correct and	l complete	9.
(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have exact	mined this Statement and to				e, correct and	l complete	9.
(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have exact Signature of Candidate	nined this Statement and to		my knowledge a ronically Filed]	Date	e, correct and	l complete	<b>2.</b>
(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have exact Signature of Candidate	nined this Statement and to			Date	e, correct and	l complete	÷.
(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have exact Signature of Candidate		[Elect	ronically Filed]	Date 08/23/2016			
(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have exact signature of Candidate  Mr Albert Dudley Thrower		[Elect	ronically Filed]	Date 08/23/2016			
(b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have exact signature of Candidate  Mr Albert Dudley Thrower		[Elect	ronically Filed]	Date 08/23/2016			

FEC FORM 2 (REV. 02/2009)