FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)									
	Alvin Thornton		address -	angod		2 Condida		tification	lumbor	
	(b) Address (number and street) □ Check if address changed 410 Lonsdale Ct. □					2. Candidate's FEC Identification Number H6MD04266				
	(c) City, State, and ZIP Code					3. Is This	~ /	ew	Amended	
	Upper Marlboro		MD	2077		Staten) OR	(A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist		date			
	DEMOCRATIC PARTY	House			MD	04				
	DE	SIGNATION OF	PRINC	IPAL	CAMPAIG		TTEE			
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2016</u> 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) ALVIN THORNTON FOR CONGRESS										
	(b) Address (number and street) 410 LONSDALE CT									
	(c) City, State, and ZIP Code									
	UPPER MARLBORO				MD	20774	ļ			
 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									
	I certify that I have exa	mined this Statement a	and to the	best of I	my knowledge a	and belief it is	true, correct	and comp	lete.	
Signature of Candidate Date										
Alvin Thornton [Electronically File						10/16/2015				
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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