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FEC FORM 2

STATEMENT OF CANDIDACY

` '	ne of Candidate (in full)									
	Keith Patrick Schroader									
	ress (number and street) 04 Pagie	☐ Chec	heck if address changed			Candidate's FEC Identification Number P60015823				
(c) City,	State, and ZIP Code					3. Is This	\ \ \	ew	Amende	d
Wa	arren		MI	48089	9	Staten	nent X (N	I) OR	(A)	
4. Party At	ffiliation	5. Office Sought			6. State & Dist	trict of Candid	date			
DRP		Presidential								
	DI	ESIGNATION	OF PRII	NCIPAL	CAMPAIGI	и соммі	ITTEE			_
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 appro	priate office	e listed in th	ne instructions.					
(a) Nam	ne of Committee (in full)									
De	emocratic Republ	ic Party								
(b) Add	ress (number and street)									—
	752 Rosedale									
(c) City,	State, and ZIP Code									
CI	linton Township				MI	48036	6			
	DI	SIGNATION	OE OTH	IED ALIT	TUODIZED	COMMIT	TEES			
	Di			_	g Representativ		IEES			
			-		-	•				
8. I hereby candida	y authorize the following na acy.	med committee, wh	ich is NOT	my principa	al campaign cor	mmittee, to re	eceive and ex	pend funds	on behalf of my	
NOTE:	This designation should be	filed with the princi	pal campaiç	gn committe	ee.					
(a) Nam	ne of Committee (in full)									—
(b) Add	ress (number and street)									
(c) Citv.	State, and ZIP Code									—
(-, - 3,										
	I certify that I have ex	amined this Statem	ent and to t	the best of i	my knowledge a	and belief it is	s true, correct	and compl	ete.	_
Signature	of Candidate					Date				
DR Keith Patrick Schroader							4-5			
211111111111	an ten sem eaaer			[Elect	ronically Filed]	09/26/20	115			
NOTE: Sul			ormation ma	av subject t	he nerson signi	na thic Stator	ment to nonal	tion of 2 LL	0.0.0407	
NOTE. Sui	bmission of false, erroneous	s, or incomplete inic	or mation me	ay Subject to	ne person signii	ilg tills Stater	nent to penal	ties of 2 o.	S.C. §437g.	
NOTE. Sui	bmission of false, erroneous	s, or incomplete inic		ay subject to	ne person signi	ng tris State	nent to penal	iles of 2 o.	S.C. §437g.	_
NOTE: Sui	bmission of false, erroneous	s, or incomplete inic	Jimaton ine	ay subject to	ne person signi	ing this State	пент то ренаг	lies of 2 o.	S.C. §437g.	_

FEC FORM 2 (REV. 02/2009)