

Image# 201608059022180744

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Dr. Paugh William Shadow			2. Candidate's FEC Identification Number P60022514	
(b) Address (number and street) 126 Front St		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Port Jervis NY 12771		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation UN	5. Office Sought Presidential	6. State & District of Candidate		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) Shadow Party		
(b) Address (number and street) 354 E Mosholu Pkwy S Suite 5A		
(c) City, State, and ZIP Code Bronx NY 10458		

### DESIGNATION OF OTHER AUTHORIZED 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)		
(c) City, State, and ZIP Code		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Dr. Paugh William Shadow	Date 08/05/2016
<i>[Electronically Filed]</i>	

**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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Form/Schedule: F2N  
Transaction ID :

2016 Special Election.

Form/Schedule:  
Transaction ID: