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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	CAIN, IAN, , ,		book if add-a	ce obence d		2 Candidate's EEC Identification Number		
	b) Address (number and street)					Candidate's FEC Identification Number S4MA00374		
	(c) City, State, and ZIP Code						nended	
	BRAINTREE		MA	0218		Statement X (N) OR (A))	
4.	Party Affiliation REPUBLICAN PARTY	Office Soug Senate	ht		6. State & Dist	trict of Candidate 00		
_								
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
IAN CAIN FOR US								
	(b) Address (number and street)							
	500 GROSSMAN DR # 1213							
	(c) City, State, and ZIP Code							
	BRAINTREE				MA	02184		
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.								
Si	Signature of Candidate Date .							
	CAIN, IAN, , ,					04/01/2024		
C.	m, m,,,,					04/01/2024		
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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