For help completing Form 2, please double-click the

REGENERO each line number.

1038682482

FEC FORM 2
STATEMENTLOF CANDIDACY.

2011 MAY -3 PM 3: 37 FEC MAIL CENTER

1.	(a) Name of Candidate (in full)											
	Herman Cain					_						
	(b) Address (number and street)	· · · · · · · · · · · · · · · · · · ·				2. Identification Number						
	P.O. Box 2158											
	(c) City, State, and ZIP Code				3. Is This Stater		Nev (N)			Amended (A)		
_	Stockbridge, GA 30281	F. Office Courth		I C Ctata & Diata			(14)	- OK		(A)		
4.	Party Affiliation Rep.	5. Office Sought President		6. State & Distr	ict of Candi	oate						
_		SIGNATION OF P	DINCIDAL	CAMPAIGN	COMM	ITTE		===				
7.	I hereby designate the following nar				-		2012 of elect	election	on(s).			
	NOTE: This designation should be f	iled with the appropriate	office li ste d in th	he instructions.								
	(a) Name of Committee (in full)											
	Friends of Herman	Cain, Inc.										
	(b) Address (number and street)			-								
	P.O. Box 2158											
	(c) City, State, and ZIP Code											
	Stockbridge, GA 3	0281										
		SIGNALION OF C	I HEK AU	THORIZED (COMMII	TEE	S					
8.	I hereby authorize the following nan candidacy.	(Including J	loint Fundraisin NOT my principa	g Representative al campaign com	es)			end funds	on be	half of my		
8.	I hereby authorize the following nan candidacy. NOTE: This designation should be f	(Including J	loint Fundraisin NOT my principa	g Representative al campaign com	es)			end funds	on be	half of my		
8.	I hereby authorize the following nan candidacy.	(Including J	loint Fundraisin NOT my principa	g Representative al campaign com	es)			end funds	on be	half of my		
8.	I hereby authorize the following nan candidacy. NOTE: This designation should be f	(Including J	loint Fundraisin NOT my principa	g Representative al campaign com	es)			end funds	on be	half of my		
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8.	I hereby authorize the following nancandidacy. NOTE: This designation should be formulated (in full) None (b) Address (number and street) (c) City, State, and ZIP Code	(Including J ned committee, which is N iled with the principal can	oint Fundraisin	g Representative	es) mittee, to re	eceive	and exp			half of my		
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To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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Delivery Confirmation™ or Signature Confirm	nation™ Label
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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
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