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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Cardin, Benjamin, L, , (b) Address (number and street)		hock if addra	2. Candidate's FEC Identification Number							
	P.O. Box 21093						2. Candidate s FEC Identification Number S6MD03177				
	(c) City, State, and ZIP Code					3. Is This	New			Amended	
	Catonsville		ME	2122	8	Statement	x (N)	OR	Ш	(A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate					
	DEMOCRATIC PARTY	Senate			MD	00					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	Thereby 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)										
Ben Cardin for Senate, Inc.											
	(b) Address (number and street)										
	P.O. Box 21093										
	(c) City, State, and ZIP Code										
	Catonsville				MD	21228					
	DE	SIGNATIO	N OF OTI	HER AU	THORIZED	COMMITTEE	S				
(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)										
	(b) Address (Halliber and Street)										
(c) City, State, and ZIP Code											
							,	, ,			
	I certify that I have exa	minea this Stat	ement and to	tne best of	ту кпоміеаде а	+	correct and	сотріє	ete. 		
	gnature of Candidate					Date					
C	ardin, Benjamin, L., ,	[Electronically Filed]				01/30/2019					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											
l											

FEC FORM 2 (REV. 02/2009)