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FEC FORM 2

STATEMENT OF CANDIDACY

4 (a) NI-	a of Condidate /in fil	1\								
	e of Candidate (in ful y Cain	1)								
	•	oot)	hook if add	ac oboassa		2 Candida	to'o EEO Idaa	tification *	lumbar	
	(b) Address (number and street)					Candidate's FEC Identification Number H4ME02200				
(c) City,	State, and ZIP Code					3. Is This				mended
Ban	igor		ME	0440	2	Statem	ent X (N) OR	(A	()
4. Party Aff	iliation	5. Office Sou	ght		6. State & Dist	trict of Candid	ate			
DEMO	CRATIC PARTY	House			ME	02				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)										
	his designation shou		opropriate offic	ce listed in th	ne instructions.					
(a) Nam	e of Committee (in fu	II)								
Ca	in for Congre	SS								
	ess (number and stre Box 1523	eet)								
(c) City,	State, and ZIP Code									
Ва	ngor				ME	04402				
		DESIGNATIO	N OF OTI	HER ALL	THORIZED	COMMIT.	TEES			
					g Representativ		ILLS			
8. I hereby candidad	authorize the followings.	ng named committee	, which is NOT	Γ my principa	al campaign cor	mmittee, to red	ceive and exp	end funds	on behalf	of my
NOTE: 7	This designation shou	ld be filed with the pr	incipal campa	ign committe	e.					
(a) Nam	e of Committee (in fu	II)								
()	`	,								
/b) A alala	(mumbau and atua									
(b) Addr	ess (number and stre	eet)								
(c) City,	State, and ZIP Code									
	1			41 1 4 - £					-4-	
		ve examined this Sta	tement and to	the best of	ту кпошеаде г		true, correct	апа сотрі	ete. 	
Signature of Candidate						Date				
Emily Cain				[Elect	ronically Filed]	03/03/201	15			
NOTE: Sub	mission of false, erro	neous, or incomplete	information m	nay subject t	ne person signii	ng this Statem	nent to penalt	ies of 2 U.	S.C. §437	 g.
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NOTE: Sub	mission of false, erro	neous, or incomplete	information m	nay subject t	ne person signir	ng this Statem	nent to penalt	ies of 2 U.	S.C. §437(g.

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