SWORN STATEMENT								
	For use of this form	, see A	AR 190-45; the proponen	t agency is	PMG.			
		PRI	VACY ACT STATEMEN	T				
AUTHORITY:	Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).							
PRINCIPAL PURPOSE:	To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.							
ROUTINE USES:	Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.							
DISCLOSURE:	Disclosure of your SSN and other information is voluntary.							
1. LOCATION		2. D	ATE (YYYYMMDD)	3. TIME		4. FILE NUMBER		
Hedgesville, WV	DI E NIAME		20221024		1400			
5. LAST NAME, FIRST NAME, MIDI Cain, Dennis, Nathan	DLE NAME		6. SSN		7. GRADE/ST	ATUS		
8. ORGANIZATION OR ADDRESS								
Cain & Associate LLC								
9. I, Dennis Nathan	Cain , WANT TO	O MAI	KE THE FOLLOWING S	TATEMENT	UNDER OATH	:		
Yu. I have worked in cybersecur observed and become familiar woperations within or concerning exposed PRC misconduct should	rity for over 20 years - much with the practices of the inter- the United States are an or	ch of a elligen ngoin	that work having beer nce organs of the Peop g and growing threat t	n performe ples Repub to our Nati	d for official e blic of China(F onal Security.	PRC). PRC intelligence Anyone identified as having		
10. EXHIBIT	1	1. INI	ITIALS OF PERSON MA	KING STAT	EMENT	Page 1 of 3		
ADDITIONAL PAGES MUST CON	NTAIN THE HEADING "STATE	EMEN	T OF TAKEN AT	Γ	ATED			
THE BOTTOM OF EACH ADDITION BE INDICATED.						NT, AND PAGE NUMBER MUST		

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.							
+	STATEMENT OF	Dennis Nathan Cain	TAKEN AT	Hedgesville WV	DATED 20221024		
-	9. STATEMENT (Continued)			Treagesvine, W			
	INITIALS OF PERSON MAKING	G STATEMENT		P	Page 2 of 3		

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STATEMENT OF	Dennis Nathan Cain	TAKEN AT	Hedgesville	, WV	DATED _	20221024			
		A FFID A VIT							
PAGE 1, AND EN STATEMENT IS T THE STATEMEN	Dennis Nathan Cain , HAV IDS ON PAGE 3 . I FULLY UNDE IRUE. I HAVE INITIALED ALL CORF T. I HAVE MADE THIS STATEMENT ND WITHOUT COERCION, UNLAWF	RSTAND THE CONTE RECTIONS AND HAVE FREELY WITHOUT HO	NTS OF THE ENTII INITIALED THE BO PPE OF BENEFIT C	RE STATEMENT TTOM OF EACH OR REWARD, WIT	MADE BY M PAGE CON	IE. THE TAINING			
			(Signature o	f Person Making	Statement)				
WITNESSES:	WITNESSES:			Subscribed and sworn to before me, a person authorized by law to administer oaths, this day of ,					
		at	Нес	lgesville, WV		· ·			
ORGANIZATION OF	ORGANIZATION OR ADDRESS			(Signature of Person Administering Oath)					
			(Typed Name of Person Administering Oath)						
ORGANIZATION OF	R ADDRESS		(Authori	ty To Administer	Oaths)				
TIALS OF PERSON MAKI	NG STATEMENT				Page 3 of	3			

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