NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL

(b) Number and Street Address

2. FEC IDENTIFICATION NUMBER

(c) City, State and ZIP Code

3. TYPE OF COMMITTEE (check one)
   - STATE PARTY
   - OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on ___________ and simultaneously qualified as a multicandidate committee through its affiliation with:

   Committee Name: ________________________________

   FEC Identification Number: ________________________.

5. STATUS BY QUALIFICATION:
   (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

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<tr>
<th>Name</th>
<th>Office Sought</th>
<th>State/District</th>
<th>Date</th>
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(b) Contributors: The committee received a contribution from its 51st contributor on: ________________.

(c) Registration: The committee has been registered for at least 6 months. FEC FORM1 was submitted on: ________________.

(d) Qualification: The committee met the above requirements on: ________________.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.