## **NOTIFICATION OF MULTICANDIDATE STATUS**

(See reverse side for instructions)

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1. (a)	NAME	OF COMMITTEE IN FULL								
(b)	Numbe	r and Street Address	2.	2. FEC IDENTIFICATION NUMBER						
(c)	City, Sta	ate and ZIP Code	3.	3. TYPE OF COMMITTEE (check one)  STATE PARTY OTHER						
l cer	tify th	at <b>one</b> of the following situation	s is corre	ct (complete line 4 or 5	5):					
4.	on _	TUS BY AFFILIATION: The comand simultation with:			_	•	•			
	Committee Name:									
	FEC Identification Number:									
<ul> <li>5. STATUS BY QUALIFICATION:</li> <li>(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):</li> </ul>										
		Name		Office Sought	Sta	ate/District	Date			
	(i)									
	(ii)									
	(iii)									
	(iv)									
	(v)									
(b)	<ul> <li>(b) Contributors: The committee received a contribution from its 51st contributor on:</li> <li>(c) Registration: The committee has been registered for at least 6 months. FEC FORM1 was</li> </ul>									
(0)		omitted on:	_	stered for at least 6 me	// III 13. I	LOT OTTIVIT W	43			
(d)	Qu	alification: The committee met	the above	e requirements on:						
l certi	fy that	I have examined this Statement and to the	best of my kn	nowledge and belief it is true, c	orrect ar	nd complete.				
TYPE OR PRINT NAME OF TREASURER			SIGNATURE OF TREASURER			DATE				
NOTE	:: Subm	nission of false, erroneous, or incomplete info ANY CHANGE IN INF		subject the person signing this SHOULD BE REPORTED WIT			of 52 U.S.C. § 30109.			

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC FORM 1M (Revised 1/2001)