

# 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) <input type="checkbox"/> STATE PARTY <input type="checkbox"/> 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.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

- (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
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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.