NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

FE1AN048.PDF

This form	should be	filed after the	Committee i	gualifies as a	multicandidate	committee
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1. (a) NAME OF CO	OMMITTEE IN FULL]	
(t	o) Number and S	Street Address				
(-	,,		2. FEC IDENTIFICATION NUMBER			
(0	c) City, State and	d ZIP Code			TYPE OF COMMITTEE (check one)	
					STATE PARTY OTHER	
I ce	rtify that o	ne of the following situa	tions is correct (co	mplete line 4 or 5):		
4.		Organization (FEC date committee thro				
	Committe	ee Name:				
		ntification Number:				
					•	
5.	STATUS	BY QUALIFICATION:				
		ndidates: The committee ow (ONLY State party co		•) federal candidates	slisted
		Name		Office Sought	State/District	Date
	(i)					
	(ii)					
	(iii)					
	(iv)					
	(v)					
		ntributors: The committee	ee received a cont	l ribution from its 51s	L t contributor	
	on:_	·				
		gistration: The committed mitted on:		ered for at least 6 m	onths. FEC FORM	1 was
	(d) Qua	alification: The committe	ee met the above r	requirements on:		_•
		e examined this Statement and to NAME OF TREASURER	the best of my knowledge		et and complete.	
	2 0111 111111	TWINE OF THE ROOTER				
NOT	E: Submissior	n of false, erroneous, or incomplet ANY CHANGE IN		t the person signing this Sta D BE REPORTED WITHIN		2 U.S.C. §437g.
			For further information co			FORM 1M
EE 1 ^ 1	JOAR PDE		Toll-free 800-424-9530 Local 202-694-1100	sion, Washington, DC 2046	Pο ΓΕ Ο Ι	(Revised 1/2001)