NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

FE1AN048.PDF

This form	should be	filed after the	Committee i	qualifies as a	multicandidate	committee
11110 101111	SHOUIU DE	יווכט מונכו נווכ	COMMITTEE	yuaiiii c s as a	municamunaic	COHININGE.

1. (a) NAME OF CC	DMMITTEE IN FULL								
(b	o) Number and S	street Address			-					
•			2. FEC IDENTIFICATION NUMBER							
(0	c) City, State and	ZIP Code	3. TYPE OF COMMITTEE (check one) STATE PARTY							
Lce	ertify that o	ne of the following situa	tions is correct (co	mnlete line 4 or 5):	OTHER					
4.	STATUS	ify that one of the following situations is correct (complete line 4 <i>or</i> 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on and simultaneously qualified as a multicandidate committee through its								
	affiliation			3						
	Committe	ee Name:								
	FEC Ider	ntification Number:								
5.		BY QUALIFICATION:								
5.	SIAIUS	BY QUALIFICATION:								
		ndidates: The committed ow (ONLY State party co		•) federal candidates	slisted				
		W (OTIET State party se	may loa	vo uno biarik.).						
		Name	•	Office Sought	State/District	Date				
	(i)									
	(ii)									
	(iii)									
	(iv)									
	, ,									
	(v)									
	` '	ntributors: The committ	ee received a cont	ribution from its 51s	t contributor					
		gistration: The committe		ered for at least 6 m	onths. FEC FORM	1 was				
	SUDI	mitted on:	·							
	(d) Qua	alification: The committ	ee met the above i	requirements on:		_•				
		examined this Statement and to	the best of my knowledge							
IYF	PE OR PRINT	NAME OF TREASURER	SIGNATURE OF TH	NEASUNEN	DATE					
	E: Submission	n of false, erroneous, or incomple	te information mav subied	et the person sianina this Sta	atement to the penalties of	2 U.S.C. §437a.				
				D BE REPORTED WITHIN						
	NOAR PDE		For further information of Federal Election Commis Toll-free 800-424-9530 Local 202-694-1100	ontact: ssion, Washington, DC 2046	_	FORM 1M (Revised 1/2001)				