

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.

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

FEC FORM 1M
(Revised 1/2001)