## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

This form should be	filed after the Committee of	gualifies as a multicandida	ate committee.

(i) Number and Street Address 225 W Court St  2. FEC IDENTIFICATION NUMBE CO0574228  (c) City, State and ZIP Code Cincinneti  OH 45202  STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FOR on	Onic		OMMITTEE IN FULL atus PAC					
2. FEC IDENTIFICATION NUMBE   CO0574228   STATE PARTY   REPORTED COMMITTEE (these Concinnati)   OH   45202   STATE PARTY   OTHER   STATE PARTY   OTHER   OTH		/II II I	alus i Ao					
Color, State and ZIP Code	. ,							NUMBER
Cincinnati  Cincinnati  Cincinnati  OH 45202  Cincinnati  OH 4762016  OH 13  OH 16/2016  OH 16/201	(c) City, Sta	ate and	d ZIP Code			3. TYPE OF COMMITTEE (check one)		
STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FOR on	Cincinnati			OH 45202		I 🗀		
and simultaneously qualified as a multicandidate committee through affiliation with:  Committee Name:	ertify th	at <b>o</b>	ne of the following situation	ns is correct (co	mplete line 4 <i>or</i> 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	on		and simul					
FEC Identification Number:  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	Com	mitt	ee Name <sup>.</sup>					
(a) Candidates: The committee has made contributions to the five (5) federal candidates lister below (ONLY State party committees may leave this blank.):    Name								
(a) Candidates: The committee has made contributions to the five (5) federal candidates lister below (ONLY State party committees may leave this blank.):    Name	FEC	Ide	ntification Number:			·		
Name   Office Sought   State/District   E	STA	TUS	BY QUALIFICATION:					
(iii) STRICKLAND FOR SENATE,,  (iii) TIM RYAN FOR CONGRESS,,  House OH 13 06/22  (iv) CALONE FOR CONGRESS,,  House NY 01 08/06  (v) YOUNG FOR CONGRESS,  (b) Contributors: The committee received a contribution from its 51st contributor on:			Name		Office Sought	State/D	istrict	Date
(iii) TIM RYAN FOR CONGRESS, House OH 13 06/22  (iv) CALONE FOR CONGRESS, House NY 01 08/06  (v) YOUNG FOR CONGRESS,		(i)	HILLARY FOR AMERICA, , , ,		Presidential		00	04/16/2015
(iv) CALONE FOR CONGRESS, House NY 01 08/06  (v) YOUNG FOR CONGRESS,		'ii\	OTDIGIT AND FOR OFNIATE					I
(v) YOUNG FOR CONGRESS, , , ,	(	·'' <i> </i>	STRICKLAND FOR SENATE, , , ,					03/28/2016
(b) Contributors: The committee received a contribution from its 51st contributor on:07/13/2016  (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on:03/16/2015  (d) Qualification: The committee met the above requirements on:09/16/2016  Artify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  PE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER [Electronically Filed] DATE   Callan, Sean, P., ,	<u>  `</u>				House	ОН	13	03/28/2016
on:07/13/2016  (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on:03/16/2015  (d) Qualification: The committee met the above requirements on:09/16/2016  Intify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  PE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER [Electronically Filed] DATE   Callan, Sean, P., ,	(i	iii)	TIM RYAN FOR CONGRESS, , , ,					
submitted on:03/16/2015  (d) Qualification: The committee met the above requirements on:09/16/2016  entify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  PE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER [Electronically Filed] DATE llan, Sean, P., ,	(ii	iii)	TIM RYAN FOR CONGRESS, , , , ,  CALONE FOR CONGRESS, , , ,					06/22/2015
ertify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  PE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER [Electronically Filed] Callan, Sean, P., ,	(i) (i) (i) (b)	v) Cor	TIM RYAN FOR CONGRESS, , , , ,  CALONE FOR CONGRESS, , , ,  YOUNG FOR CONGRESS, , , ,  htributors: The committee of 107/13/2016		House ribution from its 51st	NY t contributo	01 Dr	06/22/2015 08/06/2015 09/16/2016
PE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER [Electronically Filed] DATE llan, Sean, P., ,	(i) (i) (b) (c)	(v) Cor	TIM RYAN FOR CONGRESS, , , , ,  CALONE FOR CONGRESS, , , ,  YOUNG FOR CONGRESS, , , ,  ntributors: The committee    07/13/2016 .		House ribution from its 51st	NY t contributo	01 Dr	06/22/2015 08/06/2015 09/16/2016
llan, Sean, P., ,	(i) (i) (b) (c)	(v) Cor on: Reg sub	TIM RYAN FOR CONGRESS, , , , ,  CALONE FOR CONGRESS, , , ,  YOUNG FOR CONGRESS, , , ,  ntributors: The committee in o7/13/2016  gistration: The committee in mitted on:03/16/2015	nas been registe 	House ribution from its 51st ered for at least 6 me	NY t contributo onths. FEC	01 Dr	06/22/2015 08/06/2015 09/16/2016
10/23/2020	(b) (c) (d)	Cor on:_ Rec sub	TIM RYAN FOR CONGRESS, , , ,  CALONE FOR CONGRESS, , , ,  YOUNG FOR CONGRESS, , , ,  ntributors: The committee in one of the committee in the	nas been registe  met the above r	House ribution from its 51stered for at least 6 merequirements on:	NY t contributo onths. FEC	or C FORM	06/22/2015 08/06/2015 09/16/2016

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

**FEC FORM 1M**