## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

	This form sho	uld be filed after	the Committee	qualifies as a	multicandidate	committee.
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1. (a) NAME OF COMM	IITTEE IN EUI I			7	
	od Government Fund				
(b) Number and Stree	t Address				
701 8th Street,	NW		2. FEC IDENTIFICATION NUMBER		
Suite 500 (c) City, State and ZIF	, Code			C00541177  3. TYPE OF COMMITTEE (check one)	
				STATE PARTY	
Washington		DC	20001	OTHER	
certify that <b>one</b>	of the following situation	s is correct (co	mplete line 4 or 5):		
4. STATUS B on 01/31/20 affiliation wi			ted its Statement of fied as a multicandid	•	,
Committee	Name: Pfizer Inc. PAC				
FEC Identif	ication Number:C000166	683		·	
5. STATUS B	Y QUALIFICATION:				
J. SIAIOS B	I GOALII IOATION.				
• •	dates: The committee ha		ve this blank.):		
-	Name		Office Sought	State/Dist	rict Date
(i)					
(ii)					
(iii)					
(iv)					
(v)					
` '	<b>butors:</b> The committee r	received a cont	ribution from its 51s	t contributor	
			16	=====	
	tration: The committee h		ered for at least 6 m	onths. FEC FO	ORM 1 was
Submin	tted on:	<del>·</del>			
(d) Qualif	ication: The committee r	met the above i	requirements on:		
Lagrify that I have av	aminad this Statement and to the	hoat of my knowledg	a and haliaf it is true correct	t and complete	
	amined this Statement and to the I ME OF TREASURER	SIGNATURE OF T		lectronically Filed]	DATE
Meredith Lesher		Meredith Lesher			06/11/2013
NOTE: Submission of	false, erroneous, or incomplete inf ANY CHANGE IN INF		t the person signing this Sta D BE REPORTED WITHIN		alties of 2 U.S.C. §437g.

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

**FEC FORM 1M**