FE1AN048.PDF

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. |
|--|---------------|--------------------|---------------|----------------|----------------|------------|
|--|---------------|--------------------|---------------|----------------|----------------|------------|

| 1. (a) | NAME OF C | OMMITTEE IN FULL | | | 7 | | | | |
|--|-------------------------------------|---|-------------------|---|----------------------|--------------------------|--|--|--|
| National Campaign | | | | | | | | | |
| | | | | | | | | | |
| 1 (d) | | Street Address RANGE ST STE 700 #7427 | 2. FEC IDENTIFIC | CATION NUMBER | | | | | |
| | | LTIP O | | | C00563759 | | | | |
| (c) (| City, State a | nd ZIP Code | | 3. TYPE OF COMMITTEE (check one) STATE PARTY | | | | | |
| | WILMING | TON | DE | 19801 | T OTHER | | | | |
| I cert | ify that | one of the following situation | ns is correct (co | mplete line 4 or 5): | | | | | |
| | | S BY AFFILIATION: The co and simu n with: | | | | | | | |
| | Committee Name: | | | | | | | | |
| | FEC Ide | entification Number: | | | · | | | | |
| 5. | STATU | S BY QUALIFICATION: | | | | | | | |
| | (a) Ca | ndidates: The committee ha | as made contrib | outions to the five (5 |) federal cand | idates listed | | | |
| | be | ow (ONLY State party comr | nittees may lea | ve this blank.): | | | | | |
| | Name Office Sought State/District I | | | | | | | | |
| | (i) | Thom Tillis | | Senate | NC | 09/30/2014 | | | |
| | (ii) | Joni Ernst | | Senate | IA | 09/30/2014 | | | |
| | (iii) | Dan Sullivan | | Senate | AK | 09/30/2014 | | | |
| | (iv) | Tom Cotton | | Senate | AR | 09/30/2014 | | | |
| | (v) | Bill Cassidy | | Senate | LA | 09/30/2014 | | | |
| (b) Contributors: The committee received a contribution from its 51st contributor on: 09/22/2014 | | | | | | | | | |
| | | | | | | | | | |
| | | gistration: The committee h | nas been registe | ered for at least 6 m | onths. FEC F | ORM 1 was | | | |
| | Sui | omitted on:05/23/2014 | · | | | | | | |
| | (d) Qu | alification: The committee | met the above ı | requirements on: | 11/23/2014 | · | | | |
| | | re examined this Statement and to the | | | t and complete. | | | | |
| TYPE OR PRINT NAME OF TREASURER Ann Mattson SIGNATURE OF TR Ann Mattson | | | | REASURER [E | lectronically Filed] | • • | | | |
| | | | | | | 03/11/2015 | | | |
| NOTE: | Submission | on of false, erroneous, or incomplete in ANY CHANGE IN INF | | t the person signing this Sta D BE REPORTED WITHIN | | lties 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