## **NOTIFICATION OF MULTICANDIDATE STATUS**

PAGE 1 / 1

(See reverse side for instructions)

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

1. (a) N	AME OF C	OMMITTEE IN FULL			1				
٨	lew Na	ation Rising							
/b \ N		O4							
(b) Number and Street Address PO Box 563						2. FEC IDENTIFICATION NUMBER			
(c) City, State and ZIP Code						C00634964  3. TYPE OF COMMITTEE (check one)			
	New York NY			10030	STATE PARTY				
certif	v that <b>c</b>	one of the following situation	ns is correct (co		X OTHER				
		•	•			/EEO	50514.4)		
		ATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FC							
	affiliation with:								
С	Committee Name:								
	FEC Identification Number:								
F	EC Ide	ntification Number:			<u></u> .				
5. S	TATUS	BY QUALIFICATION:							
	below (ONLY State party committees may leave this blank.):  Name  Office Sought State/District Date								
		Hame			Otaterbi	311101	Date		
	(i)	Coleman, Linda, , ,		House	NC	02	10/30/2018		
	(ii)	Espy, Mike, , ,		Senate	MS	00	10/30/2018		
	(iii)	Hayes, Jahana, , ,		House	СТ	05	10/30/2018		
	(iv)	Pressley, Ayanna, , ,		House	MA	07	10/30/2018		
	(v)	Underwood, Lauren, , ,		House	IL	14	10/30/2018		
(i	o) Co	ntributors: The committee	received a cont	ribution from its 51s	t contributor	•			
	on:	12/01/2017							
(0	•	gistration: The committee h	nas been registe	ered for at least 6 m	onths. FEC	FORM	1 was		
	sub	omitted on:03/02/2017	·						
(0	d) Qu	alification: The committee	met the above r	equirements on:	10/30/2018		_•		
		e examined this Statement and to the	best of my knowledge   SIGNATURE OF TI			ıı D∧TE			
			Ogunnaike, Olufemi,	Į L	tectronically File	ctronically Filed] DATE 11/06/2018			
NOTE 1	Nla .az ' '	n of folio annonce and the second of the	formation grant and i	A Alban mannana a limitani dia 1 Or					
NOTE: S	DISSIMuu	n of false, erroneous, or incomplete in ANY CHANGE IN INF		t the person signing this Sta D BE REPORTED WITHIN		enanties of	∠ U.S.U. §43/g		