NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

	This	form	should	be	filed	after	the	Committee	aualifies	as a	multicandidate	committee
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. (a) NAME O	F COMMITTEE IN FULL			1	
Build	ing Up Democracy's Dream	า			
(b) Number a	and Street Address 3 97275			2. FEC IDENTIFICATION C00834507	NUMBER
(c) City, State	e and ZIP Code			3. TYPE OF COMMITTEE	(check one)
Raleigh		NC	27624	STATE PARTY TOTHER	
certify tha	t one of the following situation	ns is correct (co	mplete line 4 or 5):		
on affiliat	rUS BY AFFILIATION: The consideration of the constant of the c	ıltaneously qual	tted its Statement of ified as a multicandid	•	,
Comn	nittee Name:				
FEC I	dentification Number:C00633	3818			
. STAT	US BY QUALIFICATION:				
b	pelow (ONLY State party com	mittees may lea	ve this blank.): Office Sought	State/District	Date
			Omoc oougin	Otato/District	Bate
(i)				
(ii	i)				
(iii	i)				
(iv	')				
(v	<u>')</u>				
(c) F	Contributors: The committee on: Registration: The committee submitted on:	has been regist			1 was
	N 1161 61 1161	met the above	requirements on:		
(d) (Qualification: The committee				
certify that I I	have examined this Statement and to the	e best of my knowledg	DE 4 01 IDED		
certify that I f	nave examined this Statement and to the INT NAME OF TREASURER		REASURER [E	lectronically Filed] DATE	2/2023

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

FEC FORM 1M