## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

This	form	should	be	filed	after	the	Committee	<i>qualifies</i>	as a	multicandidate	committee.
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		OMMITTEE IN FULL Dems PAC					
. ,	umber and PO Box 60	Street Address 00698	2. FEC IDENTIFICATION NUMBER C00786392				
	ty, State an Newtonville	d ZIP Code e	MA	02460	3. TYPE OF STAT	E PARTY	(check one)
<b>4.</b> S	TATUS	one of the following situations  S BY AFFILIATION: The of and simen with:	committee submit	ted its Statement of			
		tee Name:					
	a) Ca	S BY QUALIFICATION:  ndidates: The committee ow (ONLY State party con		ve this blank.):	Γ		T
		Name		Office Sought	State/D	istrict	Date
	(i)	Axne, Cindy, , ,		House	IA	03	09/22/2021
	(ii)	DeFazio, Peter, , ,		House	OR	04	09/13/2021
	(iii)	Kuster, Anne McLane, , ,		House	NH	02	11/12/2021
	(iv)	Luria, Elaine, , ,		House	VA	02	11/12/2021
	(v)	Underwood, Lauren, , ,		House	IL	14	12/06/2021
((	on: C) Reg sub d) Qu	ntributors: The committee 09/06/2021  gistration: The committee omitted on: 08/05/2021  alification: The committee committee on the committee	e has been registe ————. e met the above i	ered for at least 6 merequirements on:	onths. FE0	C FORM	1 was 
TYPE (		NAME OF TREASURER	SIGNATURE OF TI Murray, Allison, , ,	lectronically F		ATE 02/07/2022 es of 2 U.S.C. §437g.	