



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-9

Irving Shuman, Treasurer
Grand Canyon Caucus
5110 N Central Avenue, Suite 300
Phoenix, AZ 85012

NOV 6 1998

Identification Number: C00325167

Reference: Notification of Multicandidate Status (FEC FORM 1M)

Dear Mr. Shuman:

This letter is prompted by the Commission's review of the document referenced above. There appears to be a discrepancy between the information disclosed on your FORM 1M and Commission records that indicates your committee does not yet qualify for multicandidate status as defined by 11 CFR §100.5(e)(3). According to the available information, your committee does not meet the criteria for multicandidate status for the following reason(s):

-The reports filed by your committee do not disclose receipts from at least 51 persons.

If the information you provided was incompletely or incorrectly disclosed or you believe the Commission records to be in error, please submit documentation which will clarify the matter. Should your committee meet the requirements for multicandidate status in the future, please submit a new Notification of Multicandidate Status (FEC FORM 1M). If you need further assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Debbie Chacona

Debbie Chacona
Senior Reports Analyst
Reports Analysis Division

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Enclosure

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL	
(b) Number and Street Address	2. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code	3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input type="checkbox"/> OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. STATUS BY QUALIFICATION:

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

(b) **Contributors:** The committee received a contribution from its 51st contributor on: _____

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _____

(d) **Qualification:** The committee met the above requirements on: _____

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

