



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Steve Gutow, Treasurer  
National Jewish Democratic Council  
Political Action Committee  
503 Capitol Court, NE, Ste. 300  
Washington, DC 20002

JAN 29 1997

Identification Number: C00306670

Reference: September Monthly Report (8/1/96-8/31/96)

Dear Mr. Gutow:

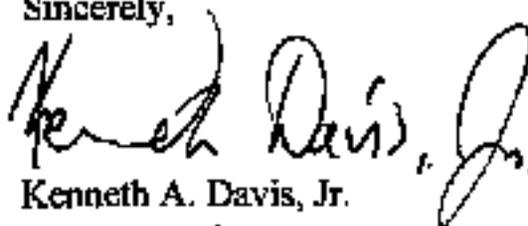
This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-The Summary Page of your report discloses that your committee recently became a multicandidate committee; however, the Commission has no record of a FORM IM filed by your committee. Please note that as of January 1, 1994, all political committees who attain multicandidate status must file a Notification of Multicandidate Status within ten (10) days of meeting the qualifications. For further guidance on the multicandidate qualifications and requirements, please see 11 CFR §102.2(a)(3) and §110.2(a)(2). Please submit a FORM IM (enclosed) to disclose the required information for the public record.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days

of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

A handwritten signature in black ink that reads "Kenneth Davis, Jr." The signature is written in a cursive style with a large, looped initial "K".

Kenneth A. Davis, Jr.  
Reports Analyst  
Reports Analysis Division

# 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. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

