## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee	This	form	should	be	filed	after	the	Committee	qualifies	as a	n multicano	didate	committee
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(a) NAN	ME OF C	OMMITTEE IN FULL					
Та	aking	the Hill PAC					
b) Num	nber and	Street Address			-		
499	9 S. Cap	pitol Street, SW			2. FEC IDEN		NUMBER
	ite 422 State an	d ZIP Code			3. TYPE OF		(check one)
Wa	ashingto	n	DC	20003	STAT	E PARTY ER	
ertify	that <b>c</b>	one of the following situatio	ns is correct (co	mplete line 4 or 5):			
ST	TATU:	S BY AFFILIATION: The co	ommittee submi	ted its Statement of	Organizat	ion (FEC	FORM 1)
		and simu າ with:	ultaneously qual	ified as a multicandi	date comn	nittee thre	ough its
Co	ommit	tee Name:					
FE	C Ide	ntification Number:			<del>·</del>		
ST	ΓΔΤΙΙ!	S BY QUALIFICATION:					
(a)		ndidates: The committee how (ONLY State party com		` '	) federal ca	andidate	s listed
(a)				` '	) federal ca		s listed  Date
(a)		ow (ONLY State party com		ve this blank.):	Γ		
(a)	bel	ow (ONLY State party com		ve this blank.):  Office Sought	State/D	District	Date
(a)	(i)	Name Feehan, Daniel, , ,		Office Sought  House	State/D	District 01	Date 06/30/2020
(a)	(i)	Name Feehan, Daniel, , ,  Kennedy, Amy, , ,  Lamb, Conor, , ,		Office Sought  House	State/D	01 02	Date 06/30/2020 06/30/2020
(a)	(i) (ii) (iii)	Name Feehan, Daniel, , ,  Kennedy, Amy, , ,  Lamb, Conor, , ,		Office Sought  House  House  House	State/D MN NJ PA	01 02 17	Date 06/30/2020 06/30/2020 06/30/2020
(a)	(i) (ii) (iii) (iv) (v) (Co	Name Feehan, Daniel, , ,  Kennedy, Amy, , ,  Lamb, Conor, , ,  O'Connor Mueri, Hillary, , ,  Reeves, Kristine, , ,	mittees may lea	Office Sought  House  House  House  House  House	State/D MN NJ PA OH WA	01 02 17 14	Date 06/30/2020 06/30/2020 06/30/2020 06/30/2020
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(b)	(i) (ii) (iii) (iv) (v) Coon: Re	Name Feehan, Daniel, , ,  Kennedy, Amy, ,  Lamb, Conor, ,  O'Connor Mueri, Hillary, , ,  Reeves, Kristine, , ,  ntributors: The committee 12/12/2019	received a cont	House House House House House House House House	State/D MN NJ PA OH WA	01 02 17 14 10 Or	Date 06/30/2020 06/30/2020 06/30/2020 06/30/2020
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(b)	(i) (ii) (iii) (iv) (v) Coon: Result Quenat I have	Name Feehan, Daniel, , , Kennedy, Amy, , , Lamb, Conor, , , O'Connor Mueri, Hillary, , , Reeves, Kristine, , , ntributors: The committee 12/12/2019 gistration: The committee mitted on:04/30/2018 alification: The committee	received a cont has been regist  met the above	Office Sought  House  House  House  House  House  House  House  House  ribution from its 51stered for at least 6 means are quirements on:  e and belief it is true, corrected.	State/D  MN  NJ  PA  OH  WA  t contribute  12/12/2019	01 02 17 14 10 Or C FORM	Date 06/30/2020 06/30/2020 06/30/2020 06/30/2020
(b) (c) (d)	(i) (ii) (iii) (iv) (v) (Co on: Result Quent I have R PRINT	Name Feehan, Daniel, , , Kennedy, Amy, , , Lamb, Conor, , , O'Connor Mueri, Hillary, , , Reeves, Kristine, , , ntributors: The committee 12/12/2019 gistration: The committee mitted on:04/30/2018 alification: The committee	received a cont has been registe met the above	Office Sought  House  House  House  House  House  House  House  House  Tequirements on:  E and belief it is true, correct REASURER  [E	State/D  MN  NJ  PA  OH  WA  t contribute  12/12/2019	District  01  02  17  14  10  Or  C FORM  e.e.  iledi DATE	Date 06/30/2020 06/30/2020 06/30/2020 06/30/2020

For further information contact: