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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		OMMITTEE IN FULL ALL KEEP ELECTING RE	EPUBLICANS	PAC							
(-)	umber and 332 W LEI	Street Address E HWY	2. FEC IDENTIFICATION NUMBER								
	#303 ity_State an	nd ZIP Code	C00698092 3. TYPE OF COMMITTEE (check one)								
	NARREN [°]		VA	STATE PARTY							
				20186	X OTHER	!					
ı certi	ry that c	one of the following situation	ns is correct (co	mplete line 4 <i>or</i> 5):							
C	I. 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:										
F	FEC Identification Number:										
		S 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) FISCHBACH, MICHELLE, , , House MN 07 11/01/20										
	(ii)	BACON, DONALD J, , ,		House	NE	02	11/12/2019				
	(iii)	DAVIS, RODNEY L, , ,		House	IL	13	11/12/2019				
	(iv)	HAGEDORN, JAMES, , ,		House	MN	01	11/12/2019				
	(v)	KATKO, JOHN M, , ,		House	NY	24	11/12/2019				
(on: c) Re sub	ntributors: The committee 11/29/2019 gistration: The committee omitted on: 03/01/2019 alification: The committee	has been registe 	ered for at least 6 m			1 was 				
l certify	that I hav	e examined this Statement and to the	best of my knowledge	e and belief it is true, correc	t and complete						
TYPE	OR PRIN	NAME OF TREASURER	SIGNATURE OF T		lectronically File	ed] DATE					
rinch,	Sandra, ,	,	Finch, Sandra, , ,		12/20	12/20/2019					
NOTE:	Submissio	on of false, erroneous, or incomplete in ANY CHANGE IN IN		t the person signing this Sta D BE REPORTED WITHIN		enalties of	2 U.S.C. §437g.				