

Image# 29934002172

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 Marquette County Democratic Party		2. FEC IDENTIFICATION NUMBER C00385393
(b) Number and Street Address P.O. Box 189		
(c) City, State and ZIP Code Marquette MI 49855		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" 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 06/10/2009 and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: Michigan Democratic State Cental Committee

FEC Identification Number: C00031054

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 Christopher J Wagner	SIGNATURE OF TREASURER Electronically Filed by Christopher J Wagner	DATE 06/10/2009
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Text

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1 M
Revised 1/2001