

Image# 26930010278

# 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 Van Ness Feldman, P.C. Political Action Committee		2. FEC IDENTIFICATION NUMBER C00205369
(b) Number and Street Address 1050 Thomas Jefferson Street, NW		
(c) City, State and ZIP Code Washington DC 20007		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 \_\_\_\_\_ 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
<b>(i)</b>	Norm Dicks	House	WA 6	01/24/1986
<b>(ii)</b>	Al Swift	House	WA 02	03/31/1986
<b>(iii)</b>	Adams Brock	Senate	WA	05/12/1986
<b>(iv)</b>	Jim Slattery	House	KS 02	05/13/1986
<b>(v)</b>	Mineta Norm	House	CA 13	05/13/1986

**(b) Contributors:** The committee received a contribution from its 51st contributor on: 07/28/2005

**(c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 03/22/2006

**(d) Qualification:** The committee met the above requirements on: 07/28/2005

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 Thomas Roberts	SIGNATURE OF TREASURER Electronically Filed by Thomas Roberts	DATE 03/22/2006
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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. 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
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Local 202-694-1100