

Image# 26950540288

# 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<br>National Association of Enrolled Agents Political Action Committee |  | 2. FEC IDENTIFICATION NUMBER<br>C00415372   |
| (b) Number and Street Address<br>P.O. Box 65071  |  |   |
| (c) City, State and ZIP Code<br>Washington DC 20035  |  | 3. TYPE OF COMMITTEE (check one)<br><input type="checkbox"/> STATE PARTY<br><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>   | RANGEL FOR CONGRESS          | House         | NY 15          | 09/28/2006 |
| <b>(ii)</b>  | DAVE CAMP FOR CONGRESS 2006  | House         | MI 04          | 09/28/2006 |
| <b>(iii)</b> | EARL POMEROY FOR CONGRESS    | House         | ND 00          | 10/11/2006 |
| <b>(iv)</b>  | HATCH ELECTION COMMITTEE INC | Senate        | UT             | 10/11/2006 |
| <b>(v)</b>   | PEOPLE WHO SUPPORT BINGAMAN  | Senate        | NM 00          | 10/11/2006 |

**(b) Contributors:** The committee received a contribution from its 51st contributor on: 05/10/2006

**(c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 09/07/2005

**(d) Qualification:** The committee met the above requirements on: 10/11/2005

|   |  |                    |
|---|--|--------------------|
| 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<br>Robert Kerr  | SIGNATURE OF TREASURER<br>Electronically Filed by<br>Robert Kerr | DATE<br>10/11/2006 |

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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Toll-free 800-424-9530  
Local 202-694-1100