NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This	form	should	be	filed	after	the	Committee	aualifies	as a	a multicandidate	committee:

1. (a	a) NAME OF CO	DMMITTEE IN FULL			1		
,	NATION	NAL ASSOCIATION OF V					
	POLITIO	CAL ACTION COMMITTE	E (WHEATP	AC)			
(b) Number and S 415 2ND S SUITE 300		FEC IDENTIFICATION NUMBER C00139964				
(c) City, State and	d ZIP Code		3. TYPE OF COMMITTEE (check one)			
	WASHING ⁻	TON	DC	20002	STATE PARTY OTHER		
Ісе	rtify that o	ne of the following situation	s is correct (co	mplete line 4 or 5):	•		
4.		BY AFFILIATION: The communication and simulation with:					
	Committe	ee Name:					
	FEC Ide	ntification Number:			·		
5.	STATUS	BY QUALIFICATION:					
		ndidates: The committee has by (ONLY State party comm	federal cand	idates listed			
		Name		Office Sought	State/Dist	rict Date	
	(i)						
	(ii)						
	(iii)						
	(iv)						
	(v)						
	on:_ (c) Reg	gistration: The committee h				ORM 1 was	
		mitted on: <u>07/19/2016</u> alification: The committee i	 met the above i	requirements on:	06/30/2016		
						*	
		e examined this Statement and to the I NAME OF TREASURER	best of my knowledge SIGNATURE OF T		t and complete. lectronically Filed]	DATE	
	abeth Leith	<u></u>	Elizabeth Leith	Į L	Puedj	07/19/2016	
NOT	E: Submission	n of false, erroneous, or incomplete inf ANY CHANGE IN INF		t the person signing this Sta D BE REPORTED WITHIN		alties of 2 U.S.C. §437g.	

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

FEC FORM 1M