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NOTIFICATION OF MULTICANDIDATE S	<b>STATUS</b>
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DECEIVED

1. (a)		de for instructions) d be filed after the Committee qualifies as a multic	2018 SEP	9 Pil 1: 53	
	S	ilk PAC			
(b) N	lumber and	Street Address		2. FEC IDENTIFICATION	NUMBER
	<u> PO</u>	BOX 286		C00432	765
(c) C	ity, State an			3. TYPE OF COMMITTEE	·
	<u>('ai</u>	dwell, NJ 07006		OTHER NON	CONNECTE
cert	fy that c	one of the following situations is correct (	complete line 4 or 5):		commi.
(	STATUS on <u>3</u> affiliation	BY AFFILIATION: The committee subnumber 15 \ 2007 and simultaneously quit with:	nitted its Statement of alified as a multicandid	Organization (FEC date committee thro	FORM 1) ough its
(	Commit	ee Name: SIIK PAC			
		ntification Number: <u>C00433</u>	17105		
		milication number			
		<del></del>	7.4.0	<u>_</u> ·	
		BY QUALIFICATION:	3.14.0	_•	
5.	STATUS		ributions to the five (5)	federal candidates	s listed
5.	STATUS	S BY QUALIFICATION:  ndidates: The committee has made cont	ributions to the five (5)	federal candidates State/District	s listed  Date
5.	STATUS	S BY QUALIFICATION:  ndidates: The committee has made contow (ONLY State party committees may le	ributions to the five (5) eave this blank.):	State/District	<del> </del>
5.	STATUS	S BY QUALIFICATION:  Indidates: The committee has made contow (ONLY State party committees may le	ributions to the five (5) eave this blank.):  Office Sought  House of Representatives	State/District	Date
5.	(a) Ca bel	S BY QUALIFICATION:  Indidates: The committee has made contow (ONLY State party committees may le	ributions to the five (5) eave this blank.):  Office Sought  House of Representatives House of Representatives House of Representatives	State/District  NY-24  NJ-87	Date 8/13/08
5.	(i)	ndidates: The committee has made contow (ONLY State party committees may le Name  Rep. Michael Olori  Linda Stender	ributions to the five (5) eave this blank.):  Office Sought  House of Representatives	State/District  NY-24  NJ-87  PA-18	Date 8/13/08 7/22/08 1/20/08
5.	(a) Cabel (i) (ii) (iii)	Name Rep. Michael Occuri Linda Stender Steve O'Donnell	ributions to the five (5) eave this blank.):  Office Sought  House of Representatives House of Representatives House of Representatives House of	State/District  NY-24  NJ-87  PA-18  PA-04	Date 8/13/08 7/22/08 1/26/08
5.	(i) (ii) (iv) (v)	Name  Rep. Michael Occuri  Linda Stender  Steve O'Donnell  Jason Altmire  Nick Lampson  ntributors: The committee received a co	ributions to the five (5) eave this blank.):  Office Sought  House of Representatives	State/District  NY-24  NJ-87  PA-18  PA-04  TX-22	Date 8/13/08 7/22/08 1/20/08
5.	(i) (ii) (iii) (iv) (v) (b) Co on:	Name  Rep. Michael Occuri  Linda Stender  Steve O'Donnell  Jason Altmire  Nick Lampson  ntributors: The committee received a co	oributions to the five (5) eave this blank.):  Office Sought  House of Representatives I house of Representatives I house of Representatives I house of Representatives I house of Representatives	State/District  NY-24  NJ-87  PA-18  PA-04  TX-22  contributor	Date 8   13   08 1/22   08 1/24   08

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	SIGNATURE OF TREASURER	DATE			
Lisa Martinez	2 Martine 2	9/20/08			
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.

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

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** fed 6x Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED