NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL								
ZUFFA POLITICAL ACTION COMMMITTEE								
(d)	(b) Number and Street Address					ICATION	NIIMRED	
	3050 K St, NW Suite 400					3	NUIVIDER	
(c) ((c) City, State and ZIP Code					3. TYPE OF COMMITTEE (check one)		
	Washington DC 20007				STATE PARTY TOTHER			
I certify that one of the following situations is correct (complete line 4 <i>or</i> 5):								
	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/Dis	trict	Date	
	(i)	AMODEI FOR NEVADA, , , ,		House	NV	02	07/22/2016	
	(ii)	FRIENDS OF KELLY AYOTTE INC, , , ,		Senate	NH	00	07/22/2016	
	(iii)	FRIENDS OF PAT TOOMEY, , , ,		Senate	PA	00	07/22/2016	
	(iv)	PORTMAN FOR SENATE COMMITTEE, ,	, ,	Senate	ОН	00	07/22/2016	
	(v)	TARKANIAN FOR CONGRESS, , , ,		House	NV	00	07/22/2016	
 (b) Contributors: The committee received a contribution from its 51st contributor on: 05/10/2017 (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 03/06/2009 (d) Qualification: The committee met the above requirements on: 05/10/2017 								
	` ,	ve examined this Statement and to the best o		•	t and complete			
TYPE	OR PRIN	T NAME OF TREASURER SIGN	NATURE OF TR	L A OLIDED	t and complete. lectronically Filed	DATE		
Hunter, Jeffrey, J., ,			Hunter, Jeffrey, J., ,			05/11	/2017	
NOTE	Submissi	on of false, erroneous, or incomplete informat ANY CHANGE IN INFORMA				nalties of	2 U.S.C. §437g.	