NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

	This	form	should	l be	filed	after	the	Committee	aualifies	as a	a multicandidate	committee
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1. (a) NA	ME OF C	OMMITTEE IN FULL			1						
		MOTIVE RECYCLERS AS									
. ,		Street Address IRCH STREET	2. FEC IDENTIFICATION NUMBER								
(c) City	, State ar	nd ZIP Code	C00401125 3. TYPE OF COMMITTEE (check one)								
	ANASSA		STATE PARTY								
		one of the following situation	os is correct (co	20110 molete line 4 <i>or</i> 5):	▼ OTHE	 					
•		v	`	•		/					
	STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM on and simultaneously qualified as a multicandidate committee through its										
	affiliation with:										
C	Committee Name:										
F	EC Ide	entification Number:			•						
5. S	IAIU	S BY QUALIFICATION:									
(a	-	ndidates: The committee how (ONLY State party com		` '	federal ca	ındidates	s listed				
_				,							
	Name Office Sought State/District Date										
	(i)	JOE LINUS BARTON		House	TX	06	05/30/2006				
	(ii)	RALPH MOODY HALL		House	TX	04	07/11/2006				
	(iii)	MARK LUNSFORD PRYOR		Senate	AR	00	11/26/2007				
	(iv)	ZACHARY T SPACE		House	ОН	18	02/28/2008				
ĺ	(v)	BOB ETHERIDGE		House	NC	02	08/01/2008				
(b) Contributors: The committee received a contribution from its 51st contributor											
	on	12/02/2013									
(с) Re	gistration: The committee	has been registe	ered for at least 6 m	onths. FEC	FORM	1 was				
	sul	omitted on:05/17/2004									
(d	l) Qu	alification: The committee	met the above r	equirements on:	12/02/2013		_•				
I certify to	hat I hav	re examined this Statement and to the	best of my knowledge	e and belief it is true, correc	t and complete).					
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 Delanne Bernier SIGNATURE OF TREASURER Delanne Bernier SIGNATURE OF TREASURER Delanne Bernier											
					08/17	08/17/2015					
NOTE: S	ubmissio	on of false, erroneous, or incomplete in ANY CHANGE IN INI		t the person signing this Sta D BE REPORTED WITHIN		enalties 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