

NOTIFICATION OF MULTICANDIDATE STATUS

08/21/2004 10 : 39

(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 <p style="text-align: center;">OCEAN CHAMPIONS</p>	
(b) Name and Street Address 202 SAN JOSE AVENUE	2. FEC IDENTIFICATION NUMBER C00393769
(c) City, State and ZIP Code CAPITOLA CA 95010	3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <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
(i)	JOHN J BARROW	House	GA 12	07/02/2004
(ii)	CONNIE MACK	Senate	FL 00	08/17/2004
(iii)	TONY KNOWLES	Senate	AK 00	08/17/2004
(iv)	BARBARA BOXER	Senate	CA 00	08/17/2004
(v)	INEZ MOORE TENENBAUM	Senate	SC 00	08/17/2004

(b) Contributors: The committee received a contribution from its 51st contributor on: _____ 08/17/2004

(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 12/15/2003

(d) Qualification: The committee met the above requirements on: 08/17/2004

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 David Wilmot	SIGNATURE OF TREASURER Electronically Filed by David Wilmot	DATE 08/21/2004
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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.