

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
 This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
 FEC MAIL ROOM

2000 OCT 13 A 9:36

1. (a) NAME OF COMMITTEE IN FULL REPUBLICAN HEROES 2000		2. FEC IDENTIFICATION NUMBER C00343343
(b) Number and Street Address P. O. BOX 144		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER
(c) City, State and ZIP Code KENILWORTH, IL 60043		

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)	HENRY J. HYDE	HOUSE	IL/06	10/9/00
(ii)	JAMES E. ROGAN	HOUSE	CA/27	10/9/00
(iii)	BOB BARR	HOUSE	GA/07	10/9/00
(iv)	LINDSEY GRAHAM	HOUSE	SC/03	10/9/00
(v)	Bill McCollum	SENATE	FLORIDA	10/9/00

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 3/10/99

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 2/26/99

(d) **Qualification:** The committee met the above requirements on: 10/9/00

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 ANN C. WOLLAN	SIGNATURE OF TREASURER <i>Ann C. Wollan</i>	DATE 10/10/00
--	--	------------------

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.

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>10-10-00</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>KMW</i> PREPARER	<i>10-13-00</i> DATE PREPARED