## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

This form	should be	filed after the	Committee	qualifies as a	multicandidate	committee.

1. (a)	NAME OF C	COMMITTEE IN FULL			7					
E-PAC										
					_					
(b) N	Number and PO BOX 5	Street Address 500	2. FEC IDENTIFI	CATION NUMBER						
						C00570945				
(c) City, State and ZIP Code						TYPE OF COMMITTEE (check one)     STATE PARTY				
	GLEN FAI	LLS	OTHER							
I cert	ify that	one of the following situations	s is correct (co	mplete line 4 or 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.	STATU	S 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/Dist	trict Date				
	(i)	Fitzpatrick, Brian, , ,		House	PA	08 03/09/2017				
	(ii)	Mast, Brian, , ,		House	FL	18 03/09/2017				
	(iii)	Tenney, Claudia , , ,		House	NY	22 03/09/2017				
	(iv)	Comstock, Barbara , , ,		House	VA	10 03/09/2017				
	(v)	Faso, John, , ,		House	NY	19 03/09/2017				
<ul> <li>(b) Contributors: The committee received a contribution from its 51st contributor on: 03/31/2017 .</li> <li>(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 12/24/2014 .</li> <li>(d) Qualification: The committee met the above requirements on: 03/31/2017 .</li> </ul>										
		ve examined this Statement and to the b				DATE				
TYPE OR PRINT NAME OF TREASURER HOBBS, CABELL, , ,			SIGNATURE OF THE HOBBS, CABELL, , ,	KEASUKEK [E	lectronically Filed]	DATE 11/27/2017				
NOTE:	Submission	ا on of false, erroneous, or incomplete info ANY CHANGE IN INFO		t the person signing this Sta D BE REPORTED WITHIN		alties of 2 U.S.C. §437				