## NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multical	ndidate committee.	New RE	CEIVED
1. (a) NAME OF COMMITTEE IN FULL  Missouri Federation of women's  Chubs	Democratre		-1 AM 8: 52
(b) Number and Street Address		FEC MA	AIL CENTER
		2. FEC IDENTIFICATION	NUMBER
(c) City. State and ZIP Code		3. TYPE OF COMMITTEE	(check one)
3040 & woodland Drive  (c) City, State and ZIP Code  Doplin, MO 64804-8020		STATE PARTY	
I certify that one of the following situations is correct (co	omplete line 4 or 5):	-	
4. STATUS BY AFFILIATION: The committee submit on and simultaneously quate affiliation with:  Committee Name:		-	•
FEC Identification Number:		•	
5. STATUS BY QUALIFICATION:			
(a) Candidates: The committee has made contribelow (ONLY State party committees may lea		) federal candidates	s listed
Name	Office Sought	State/District	Date
(i) Claire Mc Caskill	Senator	Missouri	930-12
(ii) Toresa Hensley (iii) Emmanuel Cleaver	Congress woman	MO 4th	20-12
(iii) Emmanuel Cleaver	Congress woman	MO 5th	9-10-12
(iv) Kyle Yarber	Congressman	no leth	9-W-82
(V) Jim Evans	Congressman Congressman	month	9-10-12
(b) Contributors: The committee received a conon:	ntribution from its 51s	t contributor	
(c) Registration: The committee has been regis submitted on:	tered for at least 6 m	onths. FEC FORM	1 was
(d) Qualification: The committee met the above	requirements on:	9-10-20	<u> 2/2</u>
I certify that I have examined this Statement and to the best of my knowled  TYPE OR PRINT NAME OF TREASURER  SIGNATURE OF			
Mrs, N. Sue Cowen	INEASONEN	DATE	
NOTE: Submission of false, erroneous, or incomplete information may subject the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false, erroneous, or incomplete information may subject to the submission of false and the submis	Ane Cower	<del></del>	21-12
ANY CHANGE IN INFORMATION SHOU			2 0.3.0. 943/g.
For further information of Federal Election Comm Toll-free 800-424-9530 Local 202-694-1100	ission, Washington, DC 2046	FEC	FORM 1M (Revised 1/2001)

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** 9/21/1 Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):