## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

	This	form	should	be	filed	after	the	Committee	aualifies	as a	multicandidate	committee
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		ommittee in full eron Pharmaceuticals, Inc	:. PAC								
` '		Street Address aw Mill River Road	2. FEC IDENTIFICATION NUMBER C00562264								
	ty, State ar	d ZIP Code	NY	3. TYPE OF COMMITTEE (check one)  STATE PARTY							
		one of the following situation	ns is correct (co	mplete line 4 <i>or</i> 5):	X OTHER						
o a	n ffiliatio		ltaneously quali	ified as a multicandi	•	•	•				
		tee Name:									
F	EC Ide	entification Number:			·						
(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										
	(i) TONKO, PAUL DAVID, , , House NY 20 0										
	(ii)	LOWEY, NITA M, , ,		House	NY	17	07/13/2017				
	(iii)	REED, THOMAS W II, , ,		House	NY	23	03/31/2017				
	(iv)	PASCRELL, WILLIAM J. HON., , ,		House	NJ	09	10/12/2016				
	(v)	MURRAY, PATTY, , ,		Senate	WA	00	10/11/2016				
((	on: c) Re	ntributors: The committee 09/01/2017  gistration: The committee homitted on: 04/25/2014  alification: The committee	nas been registe 	ered for at least 6 m		FORM	1 was 				
TYPE ( Landry	OR PRINT , Robert, I		SIGNATURE OF TI Landry, Robert, E., ,	REASURER [E	lectronically Filed	09/18	3/2017				
NOTE: \$	Submissio	on of false, erroneous, or incomplete int ANY CHANGE IN INF		t the person signing this Sta D BE REPORTED WITHIN		nalties of	2 U.S.C. §437g				