## **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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		COMMITTEE IN FULL			7							
1. (a	•	nia Freedom & Prosperity	PAC									
(b)		Street Address	2. FEC IDENTIFICATION NUMBER C00629147  3. TYPE OF COMMITTEE (check one) STATE PARTY TOTHER									
	2 Civic Ce #4338	nter Drive										
(c)	City, State ar	nd ZIP Code										
	San Rafae	el										
I ce	tify that o	one of the following situation	s is correct (co	mplete line 4 or 5):								
4.	STATU	S BY AFFILIATION: The co	mmittee submit	ted its Statement of	Organizatio	on (FEC	FORM 1)					
on and simultaneously qualified as a multicandidate committee through												
	affiliation with:											
	Commit	tee Name:										
	FFC Ide	entification Number:										
	i LO ide	Transaction (Variable)			•							
5.	5. STATUS BY QUALIFICATION:											
	(a) Ca	ndidates: The committee ha	as made contrib	outions to the five (5)	) federal ca	ndidates	slisted					
		ow (ONLY State party comm		` '	, roadrai da	raidatoc	notou					
	20.011 (OTTET State party committees may leave the blank.).											
	Name Office Sought State/District Da											
	(i) Scott, Timothy, E, , Senate SC 00											
	(ii)	Nunes, Devin, Gerald, ,		House	CA	22	12/13/2019					
	(iii)	Early, Eric, , ,		House	CA	28	12/13/2019					
	(iv)	Valadao, David, , ,		House	CA	21	12/13/2019					
	(v)	Bradley, James, P, MR.,		House	CA	48	12/13/2019					
(b) Contributors: The committee received a contribution from its 51st contributor												
on:12/13/2019												
	(c) Re	gistration: The committee h	as been registe	ered for at least 6 m	onths. FEC	FORM	1 was					
		omitted on:	·									
	(d) Qu	alification: The committee i	met the above i	requirements on:	12/14/2019							
	(u) Qu	anneation. The committee i	net the above i	equirements on	,,		_•					
	•	re examined this Statement and to the I	best of my knowledge SIGNATURE OF T	DE 4 01 IDED	· · · · · · · · · · · · · · · · · · ·							
		T NAME OF TREASURER omas, E, , III	Montgomery, Thoma	Į L	lectronically Fil	,	DATE					
12/16												
NOTI	E: Submission	on of false, erroneous, or incomplete inf ANY CHANGE IN INF		t the person signing this Sta D BE REPORTED WITHIN		enalties of	2 U.S.C. §437g.					

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M