NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

	This	form	should	l be	filed	after	the	Committee	aualifies	as a	a multicandidate	committee
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	O Box 14	175 nd ZIP Code			C00563		(abaak ana)
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certify	y that o	one of the following situatio	ns is correct (co	emplete line 4 or 5):			
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		Name		Office Sought	State/District		Date
	(i)	HEIDI FOR SENATE		Senate	ND	00	04/01/2015
	(ii)	DEB FISCHER FOR US SENATE II	NC	Senate	NE	00	02/01/2015
		1		House		00	
	(iii)	DUNCAN FOR CONGRESS		riouse	TN	02	02/20/2015
	(iii) (iv)	DUNCAN FOR CONGRESS RON JOHNSON FOR SENATE INC	<u> </u>	Senate	WI	00	02/20/2015
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(k	(iv)	RON JOHNSON FOR SENATE INC		Senate House	WI	00	02/20/2015
(k	(iv)	RON JOHNSON FOR SENATE INC. INC. RYAN FOR CONGRESS ntributors: The committee		Senate House	WI	00	02/20/2015
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For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

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