## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

This	form	should	be	filed	after	the	Committee	<i>qualifies</i>	as a	n multicandidate	committee

(a) INAIVIL	OF C	OMMITTEE IN FULL					
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` '	er and s W Cou	Street Address urt St			2. FEC IDEN		NUMBER
(c) City, St	tate an	d ZIP Code			C00574 3. TYPE OF		(check one)
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ertify th	hat <b>c</b>	one of the following situation	ons is correct (co	mplete line 4 <i>or</i> 5):	X OTHE	:K	
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Com	nmitt	ee Name:					
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		BY QUALIFICATION:					
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(a)				` '	State/D		Date
		ow (ONLY State party com		ve this blank.):	Г		
	belo	ow (ONLY State party com		ve this blank.):  Office Sought	Г	District	Date
	(i)	Name  HILLARY FOR AMERICA, , , ,		Office Sought  Presidential	Г	District 00	<b>Date</b> 04/16/2015
	(i) (ii) (iii)	Name  HILLARY FOR AMERICA, , , ,		Office Sought  Presidential  Presidential	State/D	00 00	<b>Date</b> 04/16/2015 05/06/2015
	(i) (ii) (iii)	Name  HILLARY FOR AMERICA,,,,  HILLARY FOR CONGRESS,,,,		Office Sought  Presidential  Presidential  House	State/D	00 00 13	<b>Date</b> 04/16/2015 05/06/2015 06/22/2015

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

**FEC FORM 1M**