

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL Progressive Americans for Democracy		2. FEC IDENTIFICATION NUMBER C00417493
(b) Number and Street Address PO Box 26246		
(c) City, State and ZIP Code Eugene OR 97402		3. TYPE OF COMMITTEE (check one) ☐ STATE PARTY ☒ OTHER

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

5. **STATUS BY QUALIFICATION:**

(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	Date
(i)	Jayapal, Pramila, , ,	House	WA 07	12/12/2016
(ii)	Cain, Emily, , ,	House	ME 02	10/29/2016
(iii)	Nelson, Tom, , ,	House	WI 08	10/29/2016
(iv)	Schneider, Bradley, Scott, ,	House	IL 10	10/29/2016
(v)	Kihuen, Ruben, , ,	House	NV 04	10/29/2016

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 06/01/2017 .

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 01/25/2005 .

(d) **Qualification:** The committee met the above requirements on: 06/01/2017 .

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
TYPE OR PRINT NAME OF TREASURER Green, Jef, , ,	SIGNATURE OF TREASURER Green, Jef, , ,	[Electronically Filed] DATE 04/06/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.