

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 18 9 40 AM '96

1. (a) NAME OF COMMITTEE IN FULL
Planned Parenthood of Houston and Southeast Texas Action Fund, Inc. PAC

(b) Number and Street Address
3601 Fannin

(c) City, State and ZIP Code
Houston, TX 77004

2. FEC IDENTIFICATION NUMBER
C00312082

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)	Ken Bentsen	U.S. House of Representatives	25 th , Texas	9/30/96
(ii)	Sheila Jackson Lee	U.S. House of Representatives	18 th , Texas	9/30/96
(iii)	Nick Lampson	U.S. House of Representatives	9 th , Texas	9/30/96
(iv)	Gene Green	U.S. House of Representatives	29 th , Texas	9/30/96
(v)	Scott Cunningham	U.S. House of Representatives	22 nd , Texas	10/15/96

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 9/30/96

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 1/23/96

(d) **Qualification:** The committee met the above requirements on: 10/15/96

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 <u>Susan B. Kennedy</u>	SIGNATURE OF TREASURER <u>Susan B. Kennedy</u>	DATE <u>10/15/96</u>
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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.

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For further information contact:
 Federal Election Commission, Washington, DC 20463
 Toll-free 800-424-9530
 Local 202-219-3420

FEC FORM 1M
 (8/93)

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
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The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10-15-96
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<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<p align="center">TG</p>	<p align="center">10-18-96</p>
PREPARER	DATE PREPARED