NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

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

	AME OF C	OMMITTEE IN FULL						
V	riiona	PAC						
5 #) Number and Street Address 5132 North Palm Avenue #227					2. FEC IDENTIFICATION NUMBER C00712695		
	y, State an resno	d ZIP Code	CA 93704		3. TYPE OF COMMITTEE (check one) STATE PARTY TOTHER			
certif	y that c	one of the following situatio	ns is correct (co	mplete line 4 or 5):				
0	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:								
F	FC Ide	ntification Number						
	FEC Identification Number: 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 Da						Date	
	(:)			omes sought	Otato, D			
	(i)	Young, David, , ,		House	IA	03	09/24/2019	
	(ii)	Davis, Rodney, , ,		House	IL	13	12/23/2019	
	(iii)	Howze, Ted, D, , II		House	CA	09	03/24/2020	
	(iv)	Garcia, Mike, , ,		House	CA	25	04/20/2020	
	(v)	Tenney, Claudia, , ,		House	NY	22	06/04/2020	
	on:	ntributors: The committee 11/01/2020 gistration: The committee mitted on:07/16/2019					1 was	
		alification: The committee		·	05/28/2021		_·	
TYPE C		e examined this Statement and to the NAME OF TREASURER	best of my knowledge and belief it is true, correct SIGNATURE OF TREASURER Allen, Melissa, , ,		ectronically Filed] DATE 06/17/2021		//2021	
NOTE: S	Submissio	n of false, erroneous, or incomplete in ANY CHANGE IN IN			atement to the p	enalties of	2 U.S.C. §437g.	