NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

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

	AME OF C	OMMITTEE IN FULL					
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(-)		Street Address sylvania Ave SE			2. FEC IDEN	ITIFICATION	NUMBER
(a) Cit	v State ar	d ZIP Code			C00567		
			DO	00000	3. TYPE OF STAT	E PARTY	(check one)
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certif	y that c	one of the following situation	ns is correct (co	mplete line 4 or 5):			
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C	Commit	tee Name:					
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S	TATU	S BY QUALIFICATION:					
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		Name		Office Sought	State/D	District	Date
	(i)	Name Michael Bennet		Office Sought Senate	State/D	District	Date 03/11/2015
	(i)		·			District 02	
		Michael Bennet		Senate	со		03/11/2015
	(ii)	Michael Bennet Tulsi Gabbard		Senate House	CO		03/11/2015
	(ii)	Michael Bennet Tulsi Gabbard Patrick Leahy		Senate House Senate	CO HI VT		03/11/2015 03/24/2015 06/30/2015
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For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M