## 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 SOUTH JERSEY UNITED IN TRU		
(b) Number and Street Address PO BOX 671		2. FEC IDENTIFICATION NUMBER C00726729
(c) City, State and ZIP Code CAPE MAY COURT HOUSE	NJ 08210	3. TYPE OF COMMITTEE (check one)

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)	HAGEDORN, JAMES, , ,	House	MN	01	07/28/2020
(ii)	KEAN, THOMAS H JR, , ,	House	NJ	07	07/28/2020
(iii)	DAVIS, RODNEY L, , ,	House	IL	13	07/28/2020
(iv)	VAN DREW, JEFF MR, , ,	House	NJ	02	07/07/2020
(v)	TRUMP, DONALD J., , ,	Presidential		00	05/08/2020

- (c) Registration: The committee has been registered for at least 6 months. FEC FORM1 was submitted on: 11/12/2019
- (d) Qualification: The committee met the above requirements on: \_\_\_\_\_08/24/2022

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

IGNATURE OF TREASURER CRATE, BRADLEY, T, MR,	DATE

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

		For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov	FEC FORM 1M (Revised 1/2001)
FE1AN048			