Image# 201910079163759547 FIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

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

1. (a) NAME OF COMMITTEE IN FULL CREATING OPPORTUNITIES, N IN RURAL KENTUCKY PAC				
(b) Number and Street Address				
228 S Washington St.			2.	FEC IDENTIFICATION NUMBER
Ste. 115				C00650853
(c) City, State and ZIP Code			3.	TYPE OF COMMITTEE (check one)
Alexandria	VA	22314		STATE PARTY

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

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

Committee Name: _____

FEC Identification Number:

STATUS BY QUALIFICATION: 5.

(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/D	istrict	Date
(i)	DAVIS, RODNEY L, , ,	House	IL	13	10/17/2018
(ii)	DENHAM, JEFF, , ,	House	CA	10	10/17/2018
(iii)	YODER, KEVIN, , ,	House	KS	03	10/17/2018
(iv)	COFFMAN, MIKE REP., , ,	House	со	06	10/17/2018
(v)	LEWIS, JASON MARK MR., , ,	House	MN	02	10/17/2018

(b) Contributors: The committee received a contribution from its 51st contributor on: 10/09/2018

Toll-free 800-424-9530

- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: ____09/16/2019
- (d) Qualification: The committee met the above requirements on: <u>10/17/2018</u>

	PRINT NAME		e best of my knowledge and belief it is SIGNATURE OF TREASURER Lisker, Lisa, , ,	is true, correct and complete. [Electronically Filed,	DATE 10/07/2019
NOTE: Sub	mission of fal		information may subject the person si NFORMATION SHOULD BE REPOR		alties of 2 U.S.C. §437g.
		F F	or further information contact: ederal Election Commission, Washing	gton, DC 20463	FEC FORM 1M

(Revised 1/2001)