

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

1. (a) NAME OF COMMITTEE IN FULL
CAMPAIGN FOR WORKING FAMILIES

(b) Number and Street Address
499 S. CAPITOL STREET, SW SUITE 410

(c) City, State and ZIP Code
WASHINGTON, DC 20003

AUG 1 12 10 PM '97

2. FEC IDENTIFICATION NUMBER
C 00325076

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)	BILL REDMOND	HOUSE OF REP.	NM / 3	4/4/97
(ii)	WOODY JENKINS	SENATE	LA	4/21/97
(iii)	CHRIS SMITH	HOUSE OF REP.	NJ / 4	6/5/97
(iv)	BILL RAVOTTI	HOUSE OF REP.	PA / 14	6/5/97
(v)	GENE TAYLOR	HOUSE OF REP.	MS / 5	6/27/97

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 12/31/96.

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

(d) **Qualification:** The committee met the above requirements on: 6/27/97.

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>FRANCIS P. CANNON</u>	SIGNATURE OF TREASURER <u>Francis P. Cannon</u>	DATE <u>7/25/97</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.

