

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

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

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FEC MAIL CENTER

1. (a) NAME OF COMMITTEE IN FULL Wisconsin Medical Society Political Action Committee	2. FEC IDENTIFICATION NUMBER
(b) Number and Street Address 330 E. Lakeside Street	3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input type="checkbox"/> OTHER
(c) City, State and ZIP Code Madison, WI 53715	

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 8/16/13 and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: American Medical Political Action Committee (AMPAC)

FEC Identification Number: C00000422

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)				
(ii)				
(iii)				
(iv)				
(v)				

(b) **Contributors:** The committee received a contribution from its 51st contributor on: _____

(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: _____

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 Chris Rasch	SIGNATURE OF TREASURER 	DATE 8/16/13
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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.

For further information contact: Federal Election Commission, Washington, DC 20463 Toll-free 800-424-9530 Local 202-694-1100				FEC FORM 1M (Revised 1/2001)
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Federal Election Commission
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Overnight Delivery Service (Specify):

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Date of Receipt

Received from Senate Public Records Office

Date of Receipt

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8/21/13

PREPARER
(8/2013)

DATE PREPARED

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