NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

| This form should be filed after the Committee qualifies as a multicandida | ate committee. |
|---|----------------|
|---|----------------|

| 1. (a) N | AME OF C | OMMITTEE IN FULL | | | 1 | | | | |
|------------------------|---|--|--|---|--|-------------|-----------------|--|--|
| | Profess Commi | sional Compounding Cent ttee | ers of America | a Political Action | | | | | |
| . , | | Street Address | | | 2 FEC IDENI | TEICATION | NIIMBER | | |
| 9901 South Wilcrest Dr | | | | | 2. FEC IDENTIFICATION NUMBER C00558452 | | | | |
| (c) Ci | c) City, State and ZIP Code | | | TYPE OF COMMITTEE (check one) STATE PARTY | | | | | |
| H | Houston TX 77099 | | | 77099 | OTHER | | | | |
| l certif | y that c | one of the following situation | ns is correct (co | mplete line 4 or 5): | | | | | |
| О | 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: | | | | | | | | |
| C | Committee Name: | | | | | | | | |
| F | EC Ide | entification Number: | | | | | | | |
| | | | | | | | | | |
| 5. S | SIAIU | S BY QUALIFICATION: | | | | | | | |
| | bel | ow (ONLY State party comn | nittees may lea | Office Sought | State/Di | strict | Date | | |
| | /i\ | DOMALD JAMES KIND | | | | | | | |
| | (i) | RONALD JAMES KIND | | House | WI | 03 | 03/25/2014 | | |
| | (ii) | MICHAEL C. DR. BURGESS | | House | TX | 26 | 04/02/2014 | | |
| | (iii) | RENEE JACISIN ELLMERS | | House | NC | 02 | 04/15/2014 | | |
| | (iv) | GUS M BILIRAKIS | | House | FL | 12 | 05/06/2014 | | |
| | (v) | RAND PAUL | | Senate | KY | 00 | 05/06/2014 | | |
| | on: | ntributors: The committee 08/27/2014 gistration: The committee homitted on: 03/04/2014 | | | | | 1 was | | |
| (| | alification: The committee | met the above i | requirements on: | 09/04/2014 | | _• | | |
| | | re examined this Statement and to the TNAME OF TREASURER | best of my knowledge SIGNATURE OF T | | t and complete lectronically File | | | | |
| | Mary Hogan | | Mary Hogan | | <i>ссион</i> исшу FШ | | 09/09/2014 | | |
| NOTE: | Submissio | on of false, erroneous, or incomplete int ANY CHANGE IN INE | | t the person signing this Sta D BE REPORTED WITHIN | | enalties of | 2 U.S.C. §437g. | | |