

**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<br><b>NC RED</b> |  | 2. FEC IDENTIFICATION NUMBER<br>C00768085   |
| (b) Number and Street Address<br>PO BOX 97275     |  |   |
| (c) City, State and ZIP Code<br>RALEIGH NC 27624  |  | 3. TYPE OF COMMITTEE (check one)<br><input type="checkbox"/> STATE PARTY<br><input checked="" type="checkbox"/> 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 02/01/2021 and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: TOGETHER HOLDING OUR MAJORITY PACFEC Identification Number: C00571323

- 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<br>McMichael, Collin, , , | SIGNATURE OF TREASURER<br>McMichael, Collin, , , | [Electronically Filed] | DATE<br>05/14/2021 |
|---|--|------------------------|--------------------|

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.

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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)