

# NOTIFICATION OF MULTICANDIDATE STATUS

06/21/2004 14:19

(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 Conservative Leadership Fund		2. FEC IDENTIFICATION NUMBER C00388223
(b) Name and Street Address PO Box 71598		
(c) City, State and ZIP Code Richmond VA 23255-1598		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <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 \_\_\_\_\_ 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)	LARRY WILLIAM DIEDRICH	House	SD 01	03/11/2004
(ii)	WILLIAM FRANKLIN SHUSTER	House	PA 09	03/31/2004
(iii)	PETE SESSIONS	House	TX 32	06/17/2004
(iv)	ROBERT RANDOLPH NEUGEBAUER	House	TX 19	06/17/2004
(v)	TED POE	House	TX 02	06/17/2004

**(b) Contributors:** The committee received a contribution from its 51st contributor on: \_\_\_\_\_ 05/24/2004

**(c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 07/07/2003

**(d) Qualification:** The committee met the above requirements on: 06/17/2004

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 John G. Selph	SIGNATURE OF TREASURER Electronically Filed by John G. Selph	DATE 06/21/2004
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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.