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(Revised 1/2001)

Image# 201810199125781613 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 ATLAS PAC, FEDERAL			
(b) Number and Street Address 2150 RIVER PLAZA DR. #150			2. FEC IDENTIFICATION NUMBER C00425645
(c) City, State and ZIP Code SACRAMENTO	CA	95833	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/D	istrict	Date
(i)	DOUG HOFFMAN, , , ,	House	NY	23	10/27/2009
(ii)	VAN TRAN, , , ,	House	CA	47	11/01/2010
(iii)	CARL DEMAIO, , , ,	House	CA	52	08/06/2013
(iv)	SHAWN NELSON, , , ,	House	CA	39	05/22/2018
(v)	JEFF DENHAM, , , ,	House	CA	10	10/19/2018

(b) **Contributors:** The committee received a contribution from its 51st contributor on: <u>01/19/2011</u>.

Local 202-694-1100

- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _______6/14/2006_______.
- (d) Qualification: The committee met the above requirements on: <u>10/19/2018</u>

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		SIGNATURE OF TREASURER	[Electronically Filed]	DATE				
BAUER, DAVID, , ,				BAUER, DAVID, , ,		10/19/2018		
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.								
			F F	or further information contact: ederal Election Commission, Washing oll-free 800-424-9530	gton, DC 20463	EC FORM 1M		