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Image# 201809259124241616 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 Bridge the Gap PAC			
(b) Number and Street Address PO Box 83142			2. FEC IDENTIFICATION NUMBER C00655423
(c) City, State and ZIP Code Gaithersburg	MD	20883	3. TYPE OF COMMITTEE (check one)

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)	GOTTHEIMER, JOSH, , ,	House	NJ	05	06/25/2018
(ii)	MURPHY, STEPHANIE, , ,	House	FL	07	06/25/2018
(iii)	O'HALLERAN, TOM, , ,	House	AZ	01	06/25/2018
(iv)	SINEMA, KRYSTEN, , ,	Senate	AZ		10/31/2017
(v)	SOTO, DARREN, , ,	House	FL	09	06/25/2018

- (b) Contributors: The committee received a contribution from its 51st contributor on: 06/30/2018 .
- (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: _____06/30/2018

	PRINT NAME	ined this Stat		best of my knowledge and belief it i SIGNATURE OF TREASURER Levy, Mark, S., ,	is true, correct and complete. [Electronically Filed]	DATE 09/25/2018			
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.									
			Fo	r further information contact:					