FE1AN048.PDF

NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

	This	form	should	be	filed	after	the	Committee	aualifies	as a	multicandidate	committee
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1. (a) NAME OF C	OMMITTEE IN FULL			7						
(&		the Dream									
(b)	Number and 777 S. Fig	Street Address			2 FEC IDENTIFI	ICATION NUMBER					
	Ste. 4050	ucioa di.			C00771238						
(c)	City, State ar	nd ZIP Code				MMITTEE (check one)					
	Los Angelo	es	CA	90017	STATE PARTY TOTHER						
I cer	tify that c	one of the following situation	ns is correct (co	mplete line 4 or 5):							
4.	STATU	S BY AFFILIATION: The co	mmittee submit	ted its Statement of	Organization	ı (FEC FORM 1)					
	on	and simu									
	affiliatio	n with:									
	Commit	tee Name:									
	FFC Ide	entification Number:									
	i LO ide	munder.			·						
5.	STATU	S BY QUALIFICATION:									
	(a) Ca	ndidates: The committee ha	as mada contrib	outions to the five (5)) fodoral cano	didatae lietad					
				` ') lederal caric	iluales listeu					
below (ONLY State party committees may leave this blank.):											
	Name Office Sought State/District D										
	(i) Cortez Masto, Catherine, , , Senate NV 12/20/202										
(ii) Harder, Josh, , , House CA 10											
	(iii)	Hassan, Margaret, , ,		Senate	NH	06/29/2021					
	(iv)	Kelly, Mark, , ,		Senate	AZ	06/29/2021					
	(v)	GA	06/29/2021								
(b) Contributors: The committee received a contribution from its 51st contributor											
	on:	04/01/2021									
	(c) Re	gistration: The committee h	nas heen registe	ared for at least 6 m	onths FEC F	ORM 1 was					
		omitted on:		orda for at loads of the	oritrio. I LOT	Ortivi i was					
	(D)	1141 AL			40/00/0004						
	(d) Qu	alification: The committee	met the above i	requirements on:	12/20/2021	·					
l cert	ify that I hav	re examined this Statement and to the			et and complete.						
	E OR PRINT man, Stephe	NAME OF TREASURER	SIGNATURE OF TI Kaufman, Stephen, , ,	Į L	lectronically Filed]	DATE					
	,p.	• • •	, ziepiien, , ,			01/12/2022					
NOTE	: Submissio	on of false, erroneous, or incomplete in				alties of 2 U.S.C. §437g.					
		ANY CHANGE IN INF	FORMATION SHOUL	D BE REPORTED WITHIN	10 DAYS.						

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M