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) l	NAME OF C	COMMITTEE IN FULL			7							
,	SAMM	ONS ENTERPRISES INC. PC										
		ITTEE	_									
` '	lumber and 5949 Shei	Street Address rry Lane	2. FEC IDENTIFICATION NUMBER									
	Suite 1900		C00388777									
	(c) City, State and ZIP Code 3. TYPE OF COMMITTEE (check one STATE PARTY Dallas TX 75225											
	V OTHER											
I certify that one of the following situations is correct (complete line 4 or 5):												
	· · · · · · · · · · · · · · · · · · ·											
	on and simultaneously qualified as a multicandidate committee through its affiliation with:											
	Commit	too Nome										
		tee Name:										
I	FEC Identification Number:											
5.	STATU	S BY QUALIFICATION:										
	'a) Ca	ndidates: The committee has m	ado contrib	autions to the five (5)	fodoral cano	didatas listad						
'	(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) ROUNDS FOR SENATE Senate SD 00 09/02/2014											
	(ii) INC. RYAN FOR CONGRESS House WI 01 02/17/2014											
	(iii)	FRIENDS OF MAX BAUCUS	Senate	МТ	00 05/30/2007							
	(iv)	FRIENDS OF JOHN THUNE		Senate	SD	00 03/07/2005						
	(v)	THOMAS ANDREW DASCHLE		Senate	SD	00 10/26/2004						
(b) Contributors: The committee received a contribution from its 51st contributor												
on: <u>06/27/2013</u> .												
(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was												
submitted on: _07/15/2003												
(d) Qualification: The committee met the above requirements on:09/02/2014												
(a) 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 SIGNATURE OF TREASURER SIGNATURE OF TREASURER DATE												
PAM DOEPPE PAM DOEPPE												
09/09/2014												
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.												

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

FEC FORM 1M