NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a)	NAME OF C	OMMITTEE IN FULL			1			
SANTA BARBARA WOMEN'S POLITICAL COMMITTEE								
(d)	Number and	Street Address						
(-)	PO BOX 90618					2. FEC IDENTIFICATION NUMBER		
(c) ((c) City, State and ZIP Code					C00429456 3. TYPE OF COMMITTEE (check one)		
	SANTA BARBARA			93190	STATE PARTY OTHER			
l cert	ify that (one of the following situation	ns is correct (co	mplete line 4 or 5):				
	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)	HILLARY RODHAM CLINTON		Presidential		00	03/21/2016	
	(ii)	KAMALA D HARRIS		Senate	CA	00	03/28/2016	
	(iii)	JULIA BROWNLEY		House	CA	26	05/20/2014	
	(iv)	LOIS G CAPPS		House	CA	24	10/04/2006	
	(v)	JILL MARIE MARTINEZ		House	CA	24	10/04/2006	
 (b) Contributors: The committee received a contribution from its 51st contributor on:04/13/2010 (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on:10/11/2016 (d) Qualification: The committee met the above requirements on:03/28/2016 								
	` ,			•	03/28/2016		_•	
					t and complete. lectronically Filed] DATE			
Lisa C	Guravitz		Lisa Guravitz		06/06/2016		5/2016	
NOTE	Submission	on of false, erroneous, or incomplete in ANY CHANGE IN INI		t the person signing this Sta D BE REPORTED WITHIN		enalties of	2 U.S.C. §437g.	

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

FEC FORM 1M