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CINERGY

July 28, 1995

Federal Election Commission  
999 East Street, NW  
Washington, D.C. 20463

Dear Sir or Madam:

We are enclosing one copy of FEC Form 1, Statement of Organization and FEC Form 1M, Notification of Multi-Candidate Status for the CINergy Corp., Political Action Committee. If you have any questions, please call me at (513) 287-2375.

Very truly yours,



E. W. Pierce  
CINergy Corp./PAC Assistant Treasurer

EWPF:ple

Enclosure

C: C.M. Foley  
J.L. Stowell  
J.R. Pope

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# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

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

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1. (a) NAME OF COMMITTEE IN FULL CINergy Corp. Political Action Committee	
(b) Number and Street Address 139 E. Fourth Street	2. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code Cincinnati, Ohio 45202	3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input type="checkbox"/> 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 7-28-95 and simultaneously qualified as a multicandidate committee through its affiliation with: PSI Energy, Inc. Political Action Committee  
The Cincinnati Gas & Electric Company Employee Political  
Committee Name: Action Committee  
C000 96859  
FEC Identification Number: C00193185

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)				
(ii)				
(iii)				
(iv)				
(v)				

(b) **Contributors:** The committee received a contribution from its 51st contributor on: \_\_\_\_\_

(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: \_\_\_\_\_

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 William L. Sheafer	SIGNATURE OF TREASURER <i>William L. Sheafer</i>	DATE 7-28-95
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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.

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The Commission has added this page to the end of this filing to indicate how it was received.

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PREPARER

8-7-95

DATE PREPARED

93039:32712