

# NOTIFICATION OF MULTICANDIDATE STATUS

12/21/2004 11 : 44

( 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 Council of School Supervisors and Administrators, Local 1, AFSA, AFL-CIO		2. FEC IDENTIFICATION NUMBER C00355818
(b) Name and Street Address 16 Court Street, 4th Floor		
(c) City, State and ZIP Code Brooklyn NY 11241		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" 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 \_\_\_\_\_ 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)	Charles Rangel	House	NY	04/01/2002
(ii)	Nydia Velazquez	Senate	NY	04/10/2003
(iii)	Gregory Meeks	House	NY	10/14/2003
(iv)	Major Owens	House	NY	11/21/2003
(v)	Anthony Weiner	House	NY	05/14/2004

**(b) Contributors:** The committee received a contribution from its 51st contributor on: \_\_\_\_\_ 03/01/2001

**(c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 03/24/2000

**(d) Qualification:** The committee met the above requirements on: 05/14/2004

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 Manfred Korman	SIGNATURE OF TREASURER Electronically Filed by Manfred Korman	DATE 12/21/2004
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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.

Form/Schedule: F1MA  
Transaction ID:

Please be advised: This is an Amendment of our previous report. The Qualification date was listed incorrectly. We have modified and corrected the Qualification Date on the FEC FORM 1M.

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