

NOTIFICATION OF MULTICANDIDATE STATUS

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FEC MAIL ROOM

(See reverse side for instructions)

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

2000 AUG 14 P 2:55

1. (a) NAME OF COMMITTEE IN FULL IMPACT		2. FEC IDENTIFICATION NUMBER C00348607
(b) Number and Street Address 60 Madison Ave. Suite 1201		
(c) City, State and ZIP Code New York, NY 10010		
		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)	Stabenow 2000	Senate	MT	08/08/00
(ii)	Carnahan Committee	Senate	MO	08/08/00
(iii)	Schweitzer for US Senate	Senate	MT	08/08/00
(iv)	Klink for US Senate	Senate	PA	08/08/00
(v)	Bill Nelson for US Senate Comm.	Senate	FL	08/08/00

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 07/27/00

(c) **Registration:** The committee has been registered for at least 8 months. FEC FORM 1 was submitted on: 10/04/99

(d) **Qualification:** The committee met the above requirements on: 08/08/00

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 David A. Barrett	SIGNATURE OF TREASURER 	DATE 08/08/00
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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.

