NOTIFICATION OF MULTICANDIDATE STATUS

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

1. IB) NAME OF COMMITTEE IN FULL (T) DISTRICT DEINOCRETIC CENTON HE	c: Aug 1 5 3.9
18/64 / CC1/16/17E	2 FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code (11011119, 1111, 4815)	3. TYPE OF COMMITTEE (check one) STATE PARTY OTHER
I certify that one of the following situations is correct (com-	plete line 4 or 5):
4. STATUS BY AFFILIATION: The committee submittee on and simultaneously qualified	ed its Statement of Organization (FEC FORM 1) ed as a multicandidate committee through its

STATUS BY QUALIFICATION:

FEC Identification Number: ______

Committee Name: _____

affliation with:

57

5.

(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
(1)	Michael Brestigold	Congress	111h	5/31/94
(ii)	William M. Bridhead	Senate.	Michigan	1/5/94
(iii)	Dule Kildee	Congress	9th	7/26/94
(iv)	Sander herin	Congress	12 Fh	7/26/44
(v)	David Geiss	Congress	1314	7/26/94

(b) Contributors: The committee received a contribution from its 51st contributor

(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 3-26-33.

(d) Qualification: The committee met the above requirements on: 1/24/94.....

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I certify that I have examined this Statement and to the best of my knowledge and belief if is true, correct and complete.	
TYPE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER / DATE	
-D + r = 1 -1 -1 -1 -1 -1 -1 -1	
Barbara E. Johnson Lacher 60 harm 1/28/94	
NOTE: Submission of false, emoneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4379	_

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE

	Hand Delivered	DATE OF RECEIPT
₹	First Class Mail	7/28/94
	Registered/Certified Mail	POSTMARKED
	No Postmark	
	Postmark Illegible	
	Received from the House Office of Records and Registration	DATE OF RECEIPT
	Received from the Senate Office of Public Records	DATE OF RECEIPT
	Other (Specify):	POSTMARKED
		and/or DATÉ OF RECEIPT