NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

	This	form	should	be	filed	after	the	Committee	aualifies	as a	multicandidate	committee
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i. (a) NA	AME OF C	OMMITTEE IN FULL			7				
Υ	OUTH	PROGRESSIVE ACTION	ON CATALYST						
(b) Nui	mber and	Street Address							
12	250 I STI	REET NW			2. FEC IDEN		NUMBER		
	UITE 330 y, State ar	nd ZIP Code			3. TYPE OF		(check one)		
W	/ASHING	STON	DC	20005	STATE PARTY TOTHER				
certify	y that c	one of the following situation	ons is correct (co	mplete line 4 or 5):					
or	n	S BY AFFILIATION: The c and simen with:							
C	ommit	tee Name:							
FI	EC Ide	entification Number:							
		S BY QUALIFICATION:			·				
ſ	below (ONLY State party committees may leave this blank.): Name Office Sought State/District								
	(i)	DELGADO, ANTONIO, , ,		House	NY	19	09/10/2018		
	(ii)	FINKENAUER, ABBY, , ,		House	IA	01	09/10/2018		
	(iii)	MUCARSEL-POWELL, DEBBIE, , ,		House	FL	26	09/10/2018		
	(iv)	WALLACE, HENRY SCOTT, , ,		House	PA	01	09/10/2018		
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	(v)	LEVIN, MIKE, , ,		House	CA	49	09/10/2018		
(b (c (d	o) Co on: c) Re sub	ntributors: The committee	has been registe	l ribution from its 51si ered for at least 6 m	l t contribute	or	ı		
(c	o) Co on: c) Re sub	ntributors: The committee 03/27/2018 gistration: The committee omitted on: 02/15/2018 alification: The committee committee on the committee on the committee of the examined this Statement and to the	has been registed	ribution from its 51si ered for at least 6 me requirements on: e and belief it is true, correc	t contribute onths. FE(or C FORM	ı		
(d I certify to TYPE O	o) Co on: c) Re sub	ntributors: The committee 03/27/2018 gistration: The committee omitted on: 02/15/2018 alification: The committee committee of the committee	has been registe	ribution from its 51si ered for at least 6 me requirements on: e and belief it is true, correc	onths. FE0	C FORM e. iled] DATE	ı		

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

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