## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

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

. (a) N	AME OF C	OMMITTEE IN FULL			1				
Δ	nn PA	C							
. ,	omber and P.O. Box 3	Street Address 535	FEC IDENTIFICATION NUMBER C00531764  TYPE OF COMMITTEE (check one)						
(c) Cif	tv. State an	d ZIP Code							
	Ballwin	u 0000	MO	63022	STATE PARTY				
		one of the following situation			OTHE	R			
Cerui	y mai <b>c</b>	The of the following situation	ons is correct (co	implete line 4 <i>0i</i> 5).					
		S BY AFFILIATION: The c and sim							
	ffiliation		Jale Comm	iiiiee iiii	Jugii iis				
C	`ommit	ee Name:							
F	EC Ide	ntification Number:			<u></u> .				
5. STATUS BY QUALIFICATION:									
(4	-	ndidates: The committee I ow (ONLY State party com		` '	rederar Co	andidate	s listeu		
		Name		Office Sought	State/D	istrict	Date		
	(i)	Michael Bost		House	IL	12	06/23/2014		
	(ii)	Chris Gibson		House	NY	19	05/21/2014		
	(iii)	Robert Dold		House	IL	10	06/23/2014		
	(iv)	Carlos Curbelo		House	FL	26	05/28/2014		
	(v)	Torrey Westrom		House	MN	07	05/28/2014		
(I	b) Co	ntributors: The committee	e received a cont	ribution from its 51s	t contribute	or			
	on:	06/26/2014							
((	c) Re	gistration: The committee	has been registe	ered for at least 6 m	onths. FE0	FORM	1 was		
	sub	omitted on: <u>10/09/2012</u>							
((	d) Qu	alification: The committee	e met the above i	requirements on:	06/26/2014		_•		
		e examined this Statement and to the			t and complet				
		NAME OF TOTAL	CIONIATI IDE CET				DATE		
TYPE (		NAME OF TREASURER	SIGNATURE OF T Patrick McSwain	REASURER [E	lectronically F	,	2/204.4		
TYPE C	OR PRINT	NAME OF TREASURER		REASURER <i>[E</i>	lectronically Fi	,	3/2014		