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(Revised 1/2001)

Image# 201703119050764880 NOTIFICATION OF MULTICANDIDATE STATUS

(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 | | | |
|----------------------------------|----|-------|----------------------------------|
| RACPAC | | | |
| | | | |
| (b) Number and Street Address | | | |
| P O Box 3152 | | | 2. FEC IDENTIFICATION NUMBER |
| | | | C00580464 |
| (c) City, State and ZIP Code | | | 3. TYPE OF COMMITTEE (check one) |
| West Chester | PA | 19381 | STATE PARTY |

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/D | istrict | Date |
|-------|----------------------|---------------|---------|---------|------------|
| (i) | HOEBER, AMIE, , , | House | MD | 06 | 06/29/2016 |
| (ii) | MAST, BRIAN, , , | House | FL | 18 | 09/06/2016 |
| (iii) | CURBELO, CARLOS, , , | House | FL | 26 | 06/16/2016 |
| (iv) | GITSHAM, DENISE, , , | House | CA | 52 | 06/29/2016 |
| (v) | BACON, DONALD, , , | House | NE | 02 | 06/29/2016 |

(b) **Contributors:** The committee received a contribution from its 51st contributor on: <u>03/10/2017</u>.

Local 202-694-1100

- (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: ________.
- (d) Qualification: The committee met the above requirements on: _____03/10/2017

| 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 | | SIGNATURE OF TREASURER | [Electronically Filed] | DATE | | | | | |
| Dexter, Lind | la, R, , | | Dexter, Linda, R, , | | 03/11/2017 | | | | |
| 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. | | | | | | | | | |
| | | F | or further information contact: ederal Election Commission, Washingt oll-free 800-424-9530 | ton, DC 20463 | EC FORM 1M | | | | |