NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

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. ,		Street Address TE LINE ROAD			2. FEC IDEN C00455		NUMBER
(c) City,	, State ar	nd ZIP Code		3. TYPE OF COMMITTEE (check on		(check one)	
ST. ANSGAR			IA 50472		STATE PARTY TOTHER		
certify	that c	one of the following situation	ons is correct (co	omplete line 4 <i>or</i> 5):			
on	າ	S BY AFFILIATION: The c and sim n with:					
Co	ommit	tee Name:					
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(a)	-	ndidates: The committee I		` '			
(a)	-	ow (ONLY State party com		` '	State/D		Date
(a)	-	ow (ONLY State party com	nmittees may lea	ve this blank.):	State/D		
	bel	ow (ONLY State party com	nmittees may lea	ve this blank.): Office Sought		District	Date
(a)	(i)	ow (ONLY State party com Name GRASSLEY, CHARLES E SENATO	nmittees may lea	Office Sought Senate	IA	District 00	Date
(a)	(i)	Name GRASSLEY, CHARLES E SENATO KING, Steve, , , STABENOW, DEBBIE, , ,	nmittees may lea	Office Sought Senate House	IA IA	00 04	Date 10/28/2016 01/27/2012
(a)	(i) (ii) (iii)	Name GRASSLEY, CHARLES E SENATO KING, Steve, , , STABENOW, DEBBIE, , ,	OR,,,	Office Sought Senate House Senate	IA IA MI	00 04 00	Date 10/28/2016 01/27/2012 03/17/2017

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

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