

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
 This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
 FEC MAIL
 OPERATIONS CENTER

1. (a) NAME OF COMMITTEE IN FULL
TAKE BACK RED CALIFORNIA

(b) Number and Street Address
21 CONVENT COURT

(c) City, State and ZIP Code
SAN RAFAEL, CA 94901

2006 AUG 31 A 8 23

2. FEC IDENTIFICATION NUMBER
200421385

3. TYPE OF COMMITTEE (check one)
 STATE PARTY
 OTHER

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/District	Date
(i)	Bill Dixon	House	CA-3	7/29/06
(ii)	Charlie Brown		CA-4	
(iii)	Jerry McNemy		CA-11	
(iv)	Francine Busby		CA-50	
(v)	Al Cox		CA-19	

(b) **Contributors:** The committee received a contribution from its 51st contributor on: July 1, 2006

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: Feb. 15, 2006

(d) **Qualification:** The committee met the above requirements on: 8/15/06

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 MARY W. HUBERT	SIGNATURE OF TREASURER <i>Mary W. Hubert</i>	DATE 8/23/06
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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.

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Federal Election Commission
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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He
 PREPARER
 (3/2005)

8/31/06
 DATE PREPARED

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