## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

This	form	should	be	filed	after	the	Committee	aualifies	as a	n multicandidate	committee

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			OMMITTEE IN FULL  e, Inc. Political Action Com	mittee								
(c) City, State and ZIP Code St. Louis  MO 63141  3. TYPE OF COMMITTEE (check one) St. Louis  NO 63141  3. TYPE OF COMMITTEE (check one) STATE PARTY NOTHER  1 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	. ,											
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:			d ZIP Code	MO	63141	TYPE OF COMMITTEE (check one)     STATE PARTY						
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			one of the following situation			<b>X</b> OTHER						
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	oi ai	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:										
(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):    Name	F	FEC Identification Number:										
(i) HATCH, ORRIN G, Senate UT 00 02/16/201  (ii) CORNYN, JOHN, Senate TX 00 02/16/201  (iii) BAUCUS, MAX, Senate MT 00 03/09/201  (iv) GILLIBRAND, KIRSTEN ELIZABETH, Senate NY 00 09/06/201  (v) MENENDEZ, ROBERT, Senate NJ 00 12/12/201  (b) Contributors: The committee received a contribution from its 51st contributor on:01/20/2012  (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on:12/02/2010  (d) Qualification: The committee met the above requirements on:04/11/2012	(a 	below (ONLY State party committees may leave this blank.):										
(ii) CORNYN, JOHN,		(i)	HATCH, ORRIN G, , ,		Senate	LIT	00	02/16/2011				
(iv) GILLIBRAND, KIRSTEN ELIZABETH, , , Senate NY 00 09/06/201  (v) MENENDEZ, ROBERT, , Senate NJ 00 12/12/201  (b) Contributors: The committee received a contribution from its 51st contributor on:01/20/2012  (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on:12/02/2010  (d) Qualification: The committee met the above requirements on:04/11/2012			CORNYN, JOHN, , ,					02/16/2011				
(v) MENENDEZ, ROBERT, , , Senate NJ 00 12/12/201  (b) Contributors: The committee received a contribution from its 51st contributor on:01/20/2012  (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on:12/02/2010  (d) Qualification: The committee met the above requirements on:04/11/2012  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 Costabile, Michael, D, Mr.,		(iii)	BAUCUS, MAX, , ,		Senate	MT	00	03/09/2011				
(b) Contributors: The committee received a contribution from its 51st contributor on:01/20/2012  (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on:12/02/2010  (d) Qualification: The committee met the above requirements on:04/11/2012  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 Costabile, Michael, D, Mr.,		(iv)	GILLIBRAND, KIRSTEN ELIZABETH	, , ,	Senate	NY	00	09/06/2011				
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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. §43	TYPE C Costabil	OR PRINT le, Micha	NAME OF TREASURER el, D, Mr.,	SIGNATURE OF TE Costabile, Michael, L	lectronically Filed	11/21	11/21/2017					