

# 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<br><br>Rights and Responsibilities PAC |  | 2. FEC IDENTIFICATION NUMBER<br>C00527895   |
| (b) Number and Street Address<br>PO Box 15642                           |  |   |
| (c) City, State and ZIP Code<br>Washington DC 20003                     |  | 3. TYPE OF COMMITTEE (check one)<br><input type="checkbox"/> STATE PARTY<br><input checked="" type="checkbox"/> 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)   | Kay R. Hagan          | Senate        | NC 00          | 01/14/2014 |
| (ii)  | Susan M Collins       | Senate        | ME             | 01/14/2014 |
| (iii) | Patrick Joseph Toomey | Senate        | PA             | 01/14/2014 |
| (iv)  | Amerish Bera          | House         | CA 07          | 05/01/2014 |
| (v)   | Carol Shea-Porter     | House         | NH 01          | 05/01/2014 |

- (b) Contributors:** The committee received a contribution from its 51st contributor on: 01/09/2013.

- (c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 08/27/2012.

- (d) Qualification:** The committee met the above requirements on: 05/01/2014.

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<br>Janet Kay Leshner | SIGNATURE OF TREASURER<br>Janet Kay Leshner | [Electronically Filed] DATE<br>11/12/2014 |
|--|---|---|

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.