

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 Moms Fed Up		2. FEC IDENTIFICATION NUMBER C00651042
(b) Number and Street Address PO Box 3015		
(c) City, State and ZIP Code Tucson AZ 85702		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)	Axne, Cindy, , ,	House	IA 03	12/23/2021
(ii)	Craig, Angela, Dawn, ,	House	MN 02	12/23/2021
(iii)	Hayes, Jahana, , ,	House	CT 05	12/30/2021
(iv)	Porter, Katherine, , ,	House	CA 47	12/23/2021
(v)	Sherrill, Mikie, , ,	House	NJ 11	12/30/2021

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 06/27/2021 .

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 04/20/2021 .

(d) **Qualification:** The committee met the above requirements on: 06/27/2021 .

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 Montoya, Dacey, , ,	SIGNATURE OF TREASURER [Electronically Filed] Montoya, Dacey, , ,
DATE 01/04/2023	

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.