

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 TEXAS VALUES PAC		
(b) Number and Street Address P.O. BOX 827		2. FEC IDENTIFICATION NUMBER C00863217
(c) City, State and ZIP Code ARLINGTONVA22216		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)	THERIAULT, AUSTIN LEO, , ,	House	ME02	08/29/2024
(ii)	ONDER, ROBERT FOR JR., , ,	House	MO03	07/19/2024
(iii)	COLE, TOM, , ,	House	OK04	06/17/2024
(iv)	PARKINSON, SCOTT THOMAS, , ,	Senate	VA00	06/10/2024
(v)	MERRIN, DEREK, , ,	House	OH09	09/06/2024

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 10/30/2024 .

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM1 was submitted on: 12/21/2023 .

(d) **Qualification:** The committee met the above requirements on: 10/30/2024 .

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 CRATE, BRADLEY, T., ,	SIGNATURE OF TREASURER CRATE, BRADLEY, T., ,	DATE 12/23/2024
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.