

NOTIFICATION OF MULTICANDIDATE STATUS

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

2025
 COMMISSION
 1431, 810, 24
 JUL 10 10 15 AM '95

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|---|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <i>TRUMPEN CREEK METALS COMPANY PAC</i> | | 2. FEC IDENTIFICATION NUMBER <i>C00298232</i> |
| (b) Number and Street Address <i>524 S. Quebec Street</i> | | |
| (c) City, State and ZIP Code <i>Franklin, CO 80111</i> | | |
| 3. TYPE OF COMMITTEE (check one) | | |
| <input type="checkbox"/> STATE PARTY | | |
| <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) | <i>CONRAD BURNS</i> | <i>U.S. Senate</i> | <i>MONTANA</i> | <i>1/18/95</i> |
| (ii) | <i>Bob Dole</i> | <i>President</i> | <i>KANSAS</i> | <i>7/5/95</i> |
| (iii) | <i>Phil Gramm</i> | <i>President</i> | <i>TEXAS</i> | <i>7/5/95</i> |
| (iv) | <i>Frank Mascara</i> | <i>Congress</i> | <i>PENNSYLVANIA</i> | <i>7/5/95</i> |
| (v) | <i>Daniel L. Schaefer</i> | <i>Congress</i> | <i>Colorado</i> | <i>7/5/95</i> |

(b) **Contributors:** The committee received a contribution from its 51st contributor on: *5/1/95*

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: *10/25/94*

(d) **Qualification:** The committee met the above requirements on: *7/5/95*

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 <i>MARGARET W. PEREIRA</i> | SIGNATURE OF TREASURER <i>Margaret W. Pereira</i> | DATE <i>7/5/95</i> |
|---|--|-----------------------|

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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