

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 JOBS, GROWTH, AND FREEDOM FUND		
(b) Number and Street Address 815 A BRAZOS PMB 550		2. FEC IDENTIFICATION NUMBER C00536540
(c) City, State and ZIP Code AUSTIN TX 78701		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)	JOHN CORNYN	Senate	TX 00	05/10/2013
(ii)	TIMOTHY E SCOTT	Senate	SC 00	05/10/2013
(iii)	JAMES E RISCH	Senate	ID 00	05/10/2013
(iv)	JAMES M INHOFE	Senate	OK 00	05/10/2013
(v)	MIKE LEE	Senate	UT 00	05/10/2013

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 04/11/2013.

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 11/14/2012.

(d) **Qualification:** The committee met the above requirements on: 05/14/2013.

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 CABELL HOBBS	SIGNATURE OF TREASURER CABELL HOBBS [Electronically Filed]	DATE 05/23/2013

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.