

# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUN 4 1 02 PM '99

1. (a) NAME OF COMMITTEE IN FULL

Mainstream America Political Action Committee

(b) Number and Street Address

Post Office Box 4287

(c) City, State and ZIP Code

Baton Rouge, LA 70821-4287

IDENTIFICATION NUMBER

0341826

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 a 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 blank):

	Name	Office Sought	State/District	Date
(i)	Bill Nelson for U.S. Senate	<input checked="" type="checkbox"/> Senate	Florida	4/21/99
(ii)	Lieberman 2000 Committee	<input checked="" type="checkbox"/> Senate	Connecticut	4/21/99
(iii)	Loy Sneary for Congress Committee	<input type="checkbox"/> House	Texas (14)	4/21/99
(iv)	Robb for Senate	<input type="checkbox"/> Senate	Virginia	4/21/99
(v)	Carnahan for Senate Committee	<input type="checkbox"/> Senate	Missouri	5/13/99

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 4/26/99

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 12/4/98

(d) **Qualification:** The committee met the above requirements on: 5/4/99

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

THOMAS H. HUDSON

SIGNATURE OF TREASURER

*Thomas H. Hudson*

DATE

6/4/99

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 30 DAYS.

For further information contact:  
Federal Election Commission, Washington, DC 20463  
Toll-free 800-424-9530  
Local 202-219-3420

**FEC FORM 1M**

(9/93)

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 8-4-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked Date of Receipt
<input type="checkbox"/> Electronic Filing	

*SEL*  
PREPARER

8-4-99  
DATE PREPARED