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NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

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

(a) NAME	OF COMMITTEE IN FULL						
DAŁ	KOTA LEADERSHIP PAC						
(b) Number and Street Address PO Box 278					2. FEC IDENTIFICATION NUMBER C00688549		
(c) City, State and ZIP Code					3. TYPE OF COMMITTEE (check one)		
Mitchell			D 57301		STATE PARTY OTHER		
ertify th	nat one of the following situatio	ns is correct	(complete line 4 or 5):			
on _	TUS BY AFFILIATION: The co and simulation with:			•	•	•	
Com	mittee Name:						
FEC	Identification Number:						
(a)	TUS BY QUALIFICATION: Candidates: The committee h (ONLY State party committees			(5) federa	candidat	es listed belo	
	Name		Office Sought	State/I	District	Date	
(i)	FEDORCHAK, JULIE, , ,		House	ND	00	06/15/2024	
(ii)	BOST, MICHAEL, , ,		House	IL	12	03/30/2024	
(iii)	LEE, LAUREL, , ,		House	FL	15	03/30/2024	
(iv) FEENSTRA, RANDALL, , ,			House	IA	04	03/13/2024	
(v)	FONG, VINCE, , ,		House	CA	20	01/07/2024	
on: (c) Re sub	ontributors: The committee reconstration: The committee has omitted on: 10/01/2018	s been registe 	ered for at least 6 mo			was 	
certify that	I have examined this Statement and to the	e best of my know	vledge and belief it is true, c	orrect and cor	nplete.		
	PRINT NAME OF TREASURER ARCLAY, , ,		GNATURE OF TREASURER RETH, BARCLAY, , ,			TE	
OTE: Subm	nission of false, erroneous, or incomplete in	 nformation may su	ubject the person signing this	Statement to	the penalties	of 52 U.S.C. § 301	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC FORM 1M (Revised 1/2001)