

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 Center Aisle PAC		
(b) Number and Street Address 1751 Potomac Greens Dr		2. FEC IDENTIFICATION NUMBER C00620443
(c) City, State and ZIP Code Alexandria VA 22314		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 03/01/2023 and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: STEPHANIE MURPHY FOR CONGRESS

FEC Identification Number: C00620443.

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)				
(ii)				
(iii)				
(iv)				
(v)				

(b) **Contributors:** The committee received a contribution from its 51st contributor on: _____.

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

(d) **Qualification:** The committee met the above requirements on: _____.

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 Buchanan, Katherine, , ,	SIGNATURE OF TREASURER Buchanan, Katherine, , ,	[Electronically Filed] DATE 03/24/2023

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.