

2012 SEP 19 PM 2: 35

## Committee Name:

## UNITED STATES CONGRESSIONAL MAJORITY FUND If registered, FEC ID:

Today's Date: 09/14/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

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Treasurer's Name: PAUL MARX

, Treasurer

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FEC	STATEMEN ORGANIZ/		20	112 SEP 19	PM 12: 00							
FORM 1				EC MAIL	CENTER							
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5									
UNITED STATE	S CONGRESS	IONAL MAJOF		<b>D</b>								
ADDRESS (number and street)	P. O. BOX 61;	3162										
(Check if address is changed)	NORTH MIAN	<u> </u>	FL (	33261	_ <u></u>							
		CITY	STATE	ZIP CC	DDE							
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-	mail address)										
(Check if address	superpacsma	nagement@gn	nail.com									
is changed)												
Committee's web page ad	DRESS (URL)											
(Check if address				<u> </u>								
is changed)												
2. date Ö9 <sup>™</sup> ′14	4°´ŽO1Ž`											
3. FEC IDENTIFICATION N												
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4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)										
I certify that I have examined t	his Statement and to the best	of my knowledge and belief	it is true, correct	and complete.								
Type or Print Name of Treasure	PAUL MARX											
Signature of Treasurer	fail name		<sub>Date</sub> Ö9 <sup>⊮</sup>	′ <b>14°</b> ′	Ž0 <sup>°</sup> 1Ž Č							
NOTE: Submission of false, erron	eous, or incomplete information ANY CHANGE IN INFORMATIO			the penalties of 2	2 U.S.C. §437g.							
Office Use Only		For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FO (Revised 02								

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FEC Form 1 (Revised 02/2009)

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5.	TYPE	OFC	OMMITTEE
	Can	didate	Committee:
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		<u></u>
	Candi Party	idate Affiliatio	on Office State State Sought: House Senate District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	y Com	imittee:
	(d)		(National, State     (Democratic,       This committee is a     or subordinate) committee of the     Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock
			Membership Organization Trade Assectation Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number C
		3.	FEC ID number C
		، <b>4</b> .	FEC ID number
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FEC Form	1 (Revised 02/2009)

Write or Type Committee Name

## UNITED STATES CONGRESSIONAL MAJORITY FUND

Relationship:       Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadersi         7.       Custodian of Records: Identify by name, address (phone number optional) and position of the person in possessi books and records.         Full Name       PAUL MARX         Mailing Address       P. O. BOX 613162         MORTH MIAMI       FL	AC Sponsor
Relationship:       Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadersi         7.       Custodian of Records:       Identify by name, address (phone number optional) and position of the person in possessi books and records.         Full Name       PAUL MARX         Mailing Address       P. O. BOX 613162         NORTH MIAMI       FL       33261	
Relationship:       Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadersi         7.       Custodian of Records:       Identify by name, address (phone number optional) and position of the person in possessi books and records.         Full Name       PAUL MARX         Mailing Address       P. O. BOX 613162         MoRTH MIAMI       FL       33261	
Relationship:       Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadersi         7.       Custodian of Records: Identify by name, address (phone number optional) and position of the person in possessi books and records.         Full Name       PAUL MARX         Mailing Address       P. O. BOX 613162         MoRTH MIAMI       FL	
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7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possessi books and records. Full Name Mailing Address P. O. BOX 613162 MoRTH MIAMI	CODE
books and records.         Full Name         Mailing Address         Image: North MIAMI         Image: North MIAMI	hip PAC Sponsor
Mailing Address       P. O. BOX 613162         NORTH MIAMI       FL 33261	on of committee
Title or Position CITY STATE ZIP (	」-∟
	CODE
EXECUTIVE DIRECTOR Telephone number [786_] - [763_	7862
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name a any designated agent (e.g., assistant treasurer).</li> </ol>	nd address of
Full Name PAUL MARX	
Mailing Address P. O. BOX 613162	
NORTH MIAMI	]-[]
CITY STATE ZIP C Title or Position TREASURER Telephone number 786 - 763	CODE

FEC Form 1 (Revised 02	2/2009)
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Full Name of Designated Agent		
Mailing Address		
	Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

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Name of Bank, Depository, etc.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate I	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signature Confirm	nation <sup>™</sup> Label
USPS Express Mail	Postmarked 9/18/12
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	a Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Re Other (Specify):	ceipt or Postmarked
PREPARER (3/2005)	9/19/12 DATE PREPARED