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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1 NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FB4M5

TEAM MAJORITY

ADDRESS (number and street)

921 FRONT STREET

(Check if address  
is changed)

SAN FRANCISCO

CA

94112

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

2. DATE

04 01 2002

3. FEC IDENTIFICATION NUMBER ▶

C00376400

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and in the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Leo T. McCarthy

Signature of Treasurer

Leo T. McCarthy

Date

07 24 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5477g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-684-1100

FEC FORM 1  
(Revised 3/01)

5. TYPE OF COMMITTEE (Check One)

(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 of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE \_\_\_\_\_

Mailing Address \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

Corporation  Corporation w/o Capital Stock  Labor Organization  
 Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

TEAM MAJORITY

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name: BRIAN WOLFF

Mailing Address: 921 FRONT STREET

SAN FRANCISCO CA 94112

Title or Position CITY STATE ZIP CODE

NONE Telephone number 415 296-1511

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: LEO T. MCCARTHY

Mailing Address: THE DANIEL GROUP

243 KEARNY STREET

SAN FRANCISCO CA 94108

Title or Position CITY STATE ZIP CODE

PRESIDENT Telephone number 415 291-1889

Full Name of Designated Agent: NONE

Mailing Address:

Title or Position CITY STATE ZIP CODE

Telephone number:

2. 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.

Name of Bank, Depository, etc.

UNION BANK OF CALIFORNIA

Mailing Address

UNION BANK OF CALIFORNIA - MAIN

400 CALIFORNIA STREET - 1st Floor

SAN FRANCISCO CA 94104

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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