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**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (to SUR) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

JRR NEW MAJORITY COMMITTEE FEDERAL PAC

ADDRESS (number and street) 591 PINEWOOD HIGHWAY, BUILDING #300

(Check if address is changed) NIML VALLEY CA 94941

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

ncjelly@ncgov129.gov

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 05 23 2003

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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 JASON D. XALFO

Signature of Treasurer [Signature] Date 05 23 2003

NOTE: Submission of false, anonymous, 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.

Table with 4 columns and 1 row. The first column contains the text 'Office Use Only'.

For further information contact: Federal Election Commission Tel: 800 424-9530 Local: 202-696-1100

FEC FORM 1 (Revised 1/01)

www.fec.org

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

THE IRVING SECURITY COMMITTEE

Mailing Address

2122 HILTONS, SUITE 433

IRVING CITY CA 94312 ZIP CODE

Relationship

Type of Connected Organization

Corporation      Corporation w/o Capital Stock      Labor Organization

Membership Organization      Trade Association      Cooperative

Name or Type of Committee

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

Full Name \_\_\_\_\_  
 Mailing Address JASON D. KAUNE  
 591 REDWOOD HIGHWAY, BUILDING 4000  
 HILL VALLEY CITY CA 94941 ZIP CODE  
 Telephone number \_\_\_\_\_  
 CBT

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 \_\_\_\_\_  
 Mailing Address JASON D. KAUNE  
 591 REDWOOD HIGHWAY, BUILDING 4000  
 HILL VALLEY CITY STATE ZIP CODE  
 Telephone number \_\_\_\_\_  
 Treasurer  
 Full Name of Designated Agent \_\_\_\_\_  
 Telephone number 4153096800

Mailing Address STEVEN S. LUCAS  
 591 REDWOOD HIGHWAY, BUILDING 4000  
 HILL VALLEY CITY CA 94941 ZIP CODE  
 Telephone number \_\_\_\_\_  
 Assistant Treasurer 4153096800

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.

Name of Bank, Depository, etc.

Making Address BANK OF MARIN  
 50 CORTE MADIRA BLVD.  
 CORTE MADIRA CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Making Address  
 CITY STATE ZIP CODE

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

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