PEOPLE'S MAJORITY P.O. Box 320014 Alexandria, VA 22320

July 27, 2010

Federal Election Commission 999 E Street, NW Washington, DC 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 *Speech Now 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,

Ken McKay

Treasurer, People's Majority

Kenn & Mikyn

Attachment: Form 1

2010 AUG -2 PM 12: 20

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STATEMENT OF

FEC FORM 1	ORGANIZATION		Office Use Only		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
People's M	<u>ajorit</u>	Y			
سسسب					
ADDRESS (number and street) (Check if address is changed)		P.Q., Box 320	014, , , , , , , ,		
		Alexandria		VA 22320	
			CITY	STATE ZIF	CODE
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provide only on	e e-mail address)		
(Check if is change		1	oplesmajority.com		
COMMITTEE'S WEB	PAGE AD	DRESS (URL)			
(Check if is change				 	
2. DATE	7 2	7 20/0			
3. FEC IDENTIFIC	CATION N	UMBER C	ortensor kan tan ne ili ili origi Linileski oriksala ali ili ili ili ili		
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have o	examined ti	his Statement and to the b	est of my knowledge and belief	t is true, correct and comple	te.
Type or Print Name	of Treasure	Ken McKay			
Signature of Treasure	er	Kum SMK	_ ^-	Date 0.7 2.7	2010
NOTE: Submission of	false, erron		ion may subject the person signing ATION SHOULD BE REPORTED V		of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commission Toll Erop 800-424-9530	ion FEC	FORM 1

information below.) Name of Candidate Candidate Candidate Candidate Candidate Party Affiliation Candidate Candidate Candidate Candidate Candidate Candidate Party Committee: (National, State or subordinate) committee of the Candidate Political Action Committee (PAC): (In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative:		LOFO	1111 1 (1641350 02203) 14g6 E
(a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) If the committee is a committee is a committee of the Republican, etc.) If the committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Membership Organization In addition, this committee is a Lobbytst/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee) In addition, this committee is a Lobbytst/Registrant PAC. In addition, this committee is a Lobbytst/Registrant PAC. In addition, this committee is a Lobbytst/Registrant PAC. This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or more political committees organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundralser 1.		_	
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Write or Type Committee Name)	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor	
Nome		L
Mailing Address		
		Ш
		┙
	CITY STATE ZIP CODE	
Relationship: [] Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spor	nsor
		_
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and position of the person in possession of commi	ttee
Full Name Ken M	ickay	لـــا
Mailing Address	P.O., Box 320,014	لــا
		لب
	Alexandria VA 22320 - 1	لـــا
Title or Position	CITY STATE ZIP CODE	
Treasurer	Telephone number	لــا
B. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address cassistant treasurer).	it
Full Name of Treasurer Ken Mo	ckay	لــا
Mailing Address	P.O. Box 320014	لــا
	<u> </u>	ل
	Alexandria VA 22320 - STATE ZIP CODE	لــ
Title or Position Treasurer	Telephone number	<u> </u>

CITY

STATE

ZIP CODE

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Mailing Address

FEC Form 1 (Revised 02/2009)

(3/2005)

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