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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

MAJORITY IN CONGRESS PAC - MICPAC

ADDRESS (number and street) 601 N FERNCREEK AVE SUITE 200

(Check if address is changed)

ORLANDO FL 32803-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

EDLANGDON@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

407-898-1397

2. DATE

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X 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 W EDWARD LANGDON

Signature of Treasurer W Edward Langdon Date 05 26 2004

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3A/042/PDF

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

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

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: W. EDWARD LANGDON

Mailing Address: 601 N. FERNCREEK AVE. SUITE 200

ORLANDO | FL | 32803-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 407-898-1396

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: W. EDWARD LANGDON

Mailing Address: 601 N. FERNCREEK AVE. SUITE 200

ORLANDO | FL | 32803-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 407-898-1396

Full Name of Designated Agent: JANICE C FARNSWORTH

Mailing Address: 106 SWEETWATER BLVD. SOUTH

LONGWOOD | FL | 32779-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASST. TREASURER | Telephone number 407-869-8915

B 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.

COMMERCE NATIONAL BANK OF FLORIDA

Mailing Address P. O. BOX 8181

WINTER PARK FL 32790-8181

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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PREPARER

6-30-04
DATE PREPARED

(5/2004)