FEC	
FORM	1

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STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

ZOON APR 27 A 7 56

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1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
TAKING OUR MAJORITY PAC	(T.O.M.PAC)			
		<u></u>	<u> </u>	
1		· <u> </u>		
h	,2150 RIVER PLAZA DR.			
ADDRESS (number and street)	<u> </u>			السنسك خديد عدنسا
			• • • • • • • •	
(Check if address is changed)	SACRAMENTO	•	, CA , 9	5833
		<u></u>		
	(CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	S (Please provide only one e- BAUER@JOHNSONCLARK.CO			
(Check if address				
is changed)	1			
	L			
COMMITTEE'S WEB PAGE ADD	RESS (URI)			
· · · · · · · · · · · · · · · · · · ·	a a san san sa			· · · · · · · · · · · · · · · · · · ·
(Check if address	· <u>L.t. (* 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</u>	<u>, la la</u>		
is changed)	· L			
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			• `	
2. DATE 04 21	2009			
		· · ·		
3. FEC IDENTIFICATION NU	MBER C	· · ·		
		•.		
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined thi	s Statement and to the best	of my knowledge and belief i	t is true, correct and	f complete.
Type or Print Name of Treasurer	DAVID BAUER			·····
		am		
Signature of Treasurer	Vary -	an	Date 04	21 2009
			······	
NOTE: Submission of false, erroned				penalties of 2 U.S.C. §437g.
· · · · · · · · · · · · · · · · · · ·	NY CHANGE IN INFORMATIC		ITHIN 10 DAYS	
Office		For further information of		FEC FORM 1
Use Only		Federal Election Commissi Toll Free 800-424-9530	ion	(Revised 02/2009)
		Local 202-694-1100	.•••••	_

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5.	TYPE OF COMMITTEE Candidate 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.))	
			This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
	Name Candid			<u> </u>
	Candid Party A		Office n Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name (Candida			
	Party	Com	mittee:	
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Politic	cal Ac	tion Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	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 se committee. (i.e., nonconnected committee)	egregated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint f	Fundi	raising Representative:	
	(g)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Committees Participating in Joint Fundraiser			
		1.	FEC ID number C	·
	:	2.	FEC ID number C	
		3.	FEC ID number C	
		4.	· · · · · · · · · · · · · · · · · · ·	
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FEC Form 1 (Revised	02/2000)	Dogo 2
Write or Type Committee Nan		Page 3
TAKING OUR MAJORITY PAC		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
MCCLINTOCK FOR CONGRESS		
Mailing Address	1029 K ST. #44	
	SACRAMENTO 1 958	
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative χ	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	possession of committee
Full Name		
Mailing Address	2150 RIVER PLAZA DR. #150	
maining , advoco		
	SACRAMENTO	33
	kanada aa isaa ahaan waxaa haa ahaa ahaa ahaa ahaa ahaa ahaa	·
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	473 4298
. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name DAVID B		<u></u>
Mailing Address	2150 RIVER PLAZA DR. SUITE 150	
	L <u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>
	SACRAMENTO	3
Title or Position	CITY STATE	ZIP CODE
	Telephone number	473

FEC Form 1 (Revised 2/20)09)
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Full Name of Designated Agent		
Mailing Address	ess <u>l'aliant de la company de la compan</u>	
	l <u>i</u>	
	CITY STATE	ZIP CODE
Title or Position	ion	
Í	Telephone number	<u></u>

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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.

	NONE YET	<u></u>	
Mailing Address	L	<u> </u>	
	han and and a subject of the holds of the ho	. <u></u>	ا
	أسلمت بحدث المسلمات		i <u></u>
	CITY	STATE	ZIP CODE
Name of Bank, De			
Mailing Address	hair and a standard a		
	lan'i aanaanka wa kanana ka ila ila ila ila ka ka ka aka a		
	СІТҮ	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS Registered/Certified** Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail Postmark Illegible** No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify): 4/21/09 PREPARER DATE PREPARED (3/2005)

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