Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ONGRESSIONAL MAJORITY COMMITTEE 2004 11th Street ADDRESS (number and street) #124 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .cbrunni@bak.rr.com (Check if address is changed) Optional Second E-Mail Address llakefoster@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2013 C00117721 FEC IDENTIFICATION NUMBER > 3. X 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. Conni Brunni Type or Print Name of Treasurer Conni Brunni [Electronically Filed] 01 2013 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	EEC Ea	rm 1 (Paying 02/2000)	Page 2
		OMMITTEE	гау е 2
		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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
CONGRESSIO	NAL MAJORITY COMMITTEE	
6. Name of Any Connected O	organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person	in possession of committee
ROBIN FO	STER	1
Full Name	,P.O. Box 746	
Mailing Address		
		2000
	Bakersfield CA 93	3302
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 661	_ 303 1466
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and to assistant treasurer).	he name and address of
Full Name Conni Brun	nni 	.
Mailing Address	15702 Rubicon Ave	
-		
	Bakersfield CA 93	314
	CITY STATE	ZIP CODE
Title or Position Treasurer		4328

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Full Name of Designated	<u> </u>	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		. - -
	Telephone number	
	Depository, etc.	
	Depository, etc. BANK OF AMERICA 15021 California Ave	93309
Name of Bank,	Depository, etc. BANK OF AMERICA 5021 California Ave	93309 ZIP CODE
Name of Bank, Mailing Address	Depository, etc. BANK OF AMERICA 5021 California Ave Bakersfield CA	
Name of Bank, Mailing Address	Depository, etc. BANK OF AMERICA 5021 California Ave Bakersfield CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. BANK OF AMERICA 5021 California Ave Bakersfield CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. BANK OF AMERICA 5021 California Ave Bakersfield CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. BANK OF AMERICA 5021 California Ave Bakersfield CITY STATE Depository, etc.	ZIP CODE