Only

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FEC FORM 1		ORGANIZ			• Office Use Only
1. NAME OF COMMITTEE (ir	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Majority PA	vC				
		PO BOX 2754			
ADDRESS (number a	nd street)	0 BOX 2704			
(Check if a is changed					
		VISTA			2085
		CITY ▲		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES				
		info@campaign-comp	liance.com		
3	,	Optional Second E-Mail Ad	ddress		
COMMITTEE'S WEB (Check if a is changed)	address	www.majoritypac.com			
2. DATE 0		2020			
3. FEC IDENTIFIC	CATION NU	IMBER ▶ C C	C00741355		
4. IS THIS STATEN	MENT _	NEW (N) OR	x AMENDED (A)		
I certify that I have e	examined th	is Statement and to the bes	t of my knowledge and belief i	t is true, correct an	nd complete.
Type or Print Name	of Treasurer	Slater, Jen, , ,			
Signature of Treasure	er <i>Slater</i> ,	Jen, , ,	[Electronically Filed]	Date 09	22 2021
NOTE: Submission of			n may subject the person signing		e penalties of 2 U.S.C. §437g.
Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

FEC Fo	orm 1 (Revised 02/2009) Page 2
TYPE OF C	COMMITTEE e 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.)
Name of Candidate	
Candidate Party Affiliation	Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Com	nmittee: (National, State (Democratic,
(d)	This committee is a committee of the committee of the committee of the committee is a committee of the commi
Political A	action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	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 segregated fund or par committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate.
(b)	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
ш	
ш	committees/organizations, none of which is an authorized committee of a federal candidate.
	committees/organizations, none of which is an authorized committee of a federal candidate. mittees Participating in Joint Fundraiser
Com	committees/organizations, none of which is an authorized committee of a federal candidate. Imittees Participating in Joint Fundraiser

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name	e	
Majority PAC		
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
ISSA VICTORY FUND) 	
	9070 IRVINE CENTER DRIVE	
Mailing Address		
	SUITE 150	
	IRVINE CA 92618	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
Slater, Jer	n, , ,	1
Full Name	9070 Irvine Center Drive Suite 150	
Mailing Address		
	Irvine CA 92618	
Title or Position	CITY STATE	ZIP CODE
Treasurer		858 7448
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ime and address of
Full Name Slater, Jer of Treasurer	n,,,	
Mailing Address	9070 Irvine Center Drive Suite 150	
		<u> </u>
	Irvine	
	CITY STATE	ZIP CODE
Title or Position Treasurer		858 7448

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Annacitanian. List all baudo su attendamentarios in cultiple the assembles demonite ficulto les	lde accounte rente
safety deposit boxe Name of Bank, De	Bank of America	
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	ins accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. spository, etc. Bank of America	
safety deposit boxe Name of Bank, De	Bank of America 67 Technology	
safety deposit boxe Name of Bank, De	Bank of America 67 Technology Irvine CITY STATE	
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