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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Mayflower Political Action Committee

ADDRESS (number and street)

One Premier Drive

(Check if address is changed)

Fenton

MO

63026

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

12 / 14 / 2005

3. FEC IDENTIFICATION NUMBER ▶

C 00361915

4. 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.

Type or Print Name of Treasurer Jan Robey Alonzo

Signature of Treasurer

Date

12 / 14 / 2005

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
Use
Only

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

FEC FORM 1
(Revised 02/2003)

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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

#1 Mayflower Transit, LLC (a subsidiary of UniGroup, Inc.)

#2 UPAC (a/k/a United Van Lines LLC Political Action Committee)

Mailing Address #1 One Premier Drive

#2 One Premier Drive

#1 Fenton MO 63026
 #2 Fenton MO 63026

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship #1 Connected Organization
 #2 Affiliated Committee

Type of Connected Organization:

- #1 Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

Mayflower Political Action Committee

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 | Treasurer |

Mailing Address | |
| |
| | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Telephone number | - | - |

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 | Jan Robey Alonzo |

Mailing Address | One Premier Drive |
| |
| Fenton | MA | 063026 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Treasurer | Telephone number | - | - |

Full Name of Designated Agent | |

Mailing Address | |
| |
| | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Telephone number | - | - |

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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.

Name of Bank, Depository, etc.

First Community Credit Union

Mailing Address

15715 Manchester Road

Ellisville MO 63011

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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Overnight Delivery Service (Specify): *Fed. Exp* Shipping Date
12-14-05
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

JMN
 PREPARER
 (3/2005)

12-15-05
 DATE PREPARED

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