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FEC	ODCANIZATION		2615 CED 27 8M 11 - 1 C		
FORM 1	ORGANIZATION		2010	FEB 27 AM II: 48	
				i D	CUMAIL CENTER
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Nunes Hold	ding Majori	ity Committe	ee		
-		 	<u> </u>		
ADDRESS (number a		ox 97275			
(Check if a	address	<u> </u>	<u> </u>		<u> </u>
same is change.	Ralei	gh		NC 2762	24
	. •	CITY A		STATE A	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS				
(Check if	A 11 18	MC@cmandco.com	n		,
is change	•				
	Option	nal Second E-Mail Ad	Idress	1 1 1 1 1 1 1	1
001111777770		(15)	•		
COMMITTEE'S WEE					•
is change					
	L	<u> </u>		<u> </u>	
2. DATE 0	W / D T D /	Y Y Y Y Y Y Y Y Y Y			
Z. DATE			·		
3. FEC IDENTIFIC	CATION NUMBER	े ा			
4. IS THIS STATE	MENT 🔀 N	EW (N) OR	AMENDED (A)	•	•
L certify that I have	evamined this State	ement and to the hest	t of my knowledge and belief it	is true, correct and	complete
Tooring that I have t		smort and to the book	to my knowledge and belief k	to true, contest and	complete.
Type or Print Name	of Treasurer Colli	n McMichael		- memmi	
٠.		112-		n n /	
Signature of Treasur	er C	enc 7	me _	Date 02	18 2015
NOTE: Submission of			may subject the person signing		penalties of 2 U.S.C. §437g.
	ANY C	HANGE IN INFORMAT	ION SHOULD BE REPORTED W		
Office Use			For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

	FEC. Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE
	,	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 Cand		
Cand Party	lidate Affiliati	Office State on Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	ty Con	nmittee:
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party 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.)
Join	t Func	draising Representative:
(g)	\times	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.
(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.
	Com	nmittees Participating in Joint Fundraiser
	1.	DEVIN NUNES CAMPAIGN COMMITTEE FEC ID number C C00370056
	2.	GEORGE HOLDING FOR CONGRESS INC. FEC ID number C C00499236
	3.	
	4	

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FEC Form 1 (Revise		Page 3
Write or Type Committee Na		,
Nunes Holding	g Majority Committee	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE	<u> </u>	

Mailing Address		
J		
	CITY STATE	ZIP CODE
Relationship: Connec	ated Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the perso	n in possession of committee
	1cMichael	
Full Name	PO Box 97275	
Mailing Address		
	Raleigh , NC , 1	27624
	Raieigii	
Title or Position	CITY STATE	ZIP CODE
Treasurer	919 Telephone number	
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	I the name and address of
Full Name Collin M of Treasurer	IcMichael	
Mailing Address	PO Box 97275	
	Raleigh NC 2	27624 ZIP CODE
Title or Position Treasurer	919 Telephone number	_ 889 _ 1817

CITY

Page 4

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of

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No Postmark				
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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	eipt or Postmarked			
J	2/27/15			
PREPARER	DATE PREPARED			

(8/2013)