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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

MAJORITY COMMITTEE POLITICAL ACTION COMMITTEE -- MC PAC

ADDRESS (number and street) PO BOX 10134

(Check if address is changed)

BAKERSFIELD CA 93389-0134

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

CBRUNNI@BAK.RR.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) N/A

COMMITTEE'S FAX NUMBER

661-327-3672

2. DATE 08 24 2006

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 CM Brunni

Signature of Treasurer CM Brunni Date 08 24 2006

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.