FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE

Office Use Only
12FE4M5

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

MAJORITY COMMITTEE POLITICAL ACTION COMMITTEE
MC PAC

ADDRESS (number and street) PO BOX 10134

☐ (Check if address is changed)

BAKERSFIELD CA 93312-0134

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 ☒ 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 CMBrunni 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.

Office Use Only				

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

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(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. non-connected committee

(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** N/A

Mailing Address

CITY • STATE • ZIP CODE •

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

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Write or Type Committee Name

Majority Committee 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: CM BRUNNI

Mailing Address: PO BOX 10134

BAKERSFIELD CA 93389-0134

Title or Position: TREASURER | CITY | STATE | ZIP CODE

Telephone number: 661-201-4328

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: CM BRUNNI

Mailing Address: PO BOX 10134

BAKERSFIELD CA 93389-0134

Title or Position: TREASURER | CITY | STATE | ZIP CODE

Telephone number: 661-201-4328

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.

UNION BANK OF CALIFORNIA

Mailing Address @ c/o 4300 COFFEE RD

BAKERSFIELD CA 93308-

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

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Federal Election Commission

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The FEC added this page to the end of this filing to indicate how it was received.

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Next Business Day Delivery ☐	
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☐ Received from Senate Public Records Office	Date of Receipt
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(3/2005)

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