



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MAJORITY PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">62287.36</td></tr></table>	62287.36
Y	Y	Y	Y									
2	0	0	9									
62287.36												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">62287.36</td></tr></table>	62287.36										
62287.36												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">24000.00</td></tr></table>	24000.00	<table border="1" style="width: 100%;"><tr><td align="right">24000.00</td></tr></table>	24000.00								
24000.00												
24000.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">86287.36</td></tr></table>	86287.36	<table border="1" style="width: 100%;"><tr><td align="right">86287.36</td></tr></table>	86287.36								
86287.36												
86287.36												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">22300.30</td></tr></table>	22300.30	<table border="1" style="width: 100%;"><tr><td align="right">22300.30</td></tr></table>	22300.30								
22300.30												
22300.30												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">63987.06</td></tr></table>	63987.06	<table border="1" style="width: 100%;"><tr><td align="right">63987.06</td></tr></table>	63987.06								
63987.06												
63987.06												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
MAJORITY PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	19000.00	19000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	19000.00	19000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs) .....	24000.00	24000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24000.00	24000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24000.00	24000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	16300.30	16300.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16300.30	16300.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22300.30	22300.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22300.30	22300.30

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	24000.00	24000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24000.00	24000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16300.30	16300.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16300.30	16300.30

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Madeleine Arison	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 9999 Collins Avenue Apt 15 GJ	<b>Transaction ID:</b> SA11AI.6111
	City State Zip Code Bal Harbour FL 33154	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Frank	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 445 Grand Bay Dr # 1211	<b>Transaction ID:</b> SA11AI.6113
	City State Zip Code Key Biscayne FL 33149	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Schena	Date of Receipt MM / DD / YYYY 01 / 06 / 2009
	Mailing Address 424 General Washington Rd	<b>Transaction ID:</b> SA11AI.6115
	City State Zip Code Wayne PA 19087	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Rajant Corp Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

**A.** Full Name (Last, First, Middle Initial)  
James M. White

Mailing Address 334 W Meadow Drive

City State Zip Code  
Mechanicsburg PA 17055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stevens & Lee Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2009

**Transaction ID:** SA11AI.6105

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Martha J. White

Mailing Address 334 W MEadow Drive

City State Zip Code  
Mechanicsburg PA 17055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2009

**Transaction ID:** SA11AI.6103

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**TOTAL** This Period (last page this line number only) ..... ► **19000.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 19
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial)  
BOEING POLITICAL ACTION COMMITTEE  
Mailing Address 1200 Wilson Blvd

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11C.6108

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) A T & T Mobility	Transaction ID: SB21B.6067 Date of Disbursement 02 / 20 / 2009
	Mailing Address 5020 Ash Grove Road	Amount of Each Disbursement this Period 102.87
	City Springfield State IL Zip Code 62711-6329	
	Purpose of Disbursement Telephone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) A T & T Mobility	Transaction ID: SB21B.6099 Date of Disbursement 03 / 17 / 2009
	Mailing Address 5020 Ash Grove Road	Amount of Each Disbursement this Period 102.87
	City Springfield State IL Zip Code 62711-6329	
	Purpose of Disbursement Telephone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Feeder Canal Building	Transaction ID: SB21B.6065 Date of Disbursement 01 / 14 / 2009
	Mailing Address Main Street	Amount of Each Disbursement this Period 350.00
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Rent Telephone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	555.74
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Feeder Canal Building	Transaction ID: SB21B.6075 Date of Disbursement
	Mailing Address Main Street	<input type="text" value="02"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="350.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Feeder Canal Building	Transaction ID: SB21B.6080 Date of Disbursement
	Mailing Address Main Street	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="300.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Feeder Canal Building	Transaction ID: SB21B.6101 Date of Disbursement
	Mailing Address Main Street	<input type="text" value="03"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="450.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial)  
First Comm. Bank, Credit Card Dept

Transaction ID: SB21B.6063  
Date of Disbursement

Mailing Address PO Box 0537

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

City Indiana State PA Zip Code 15701

Amount of Each Disbursement this Period

831.56
--------

Purpose of Disbursement  
See Detail

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Westin Hotel

Transaction ID: SB21B.6063.11  
Date of Disbursement

Mailing Address 1 Old Bayshore Hwy

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

City Millbrae State CA Zip Code 94030

Amount of Each Disbursement this Period

417.06
--------

Purpose of Disbursement  
Lodging

002
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
First Comm. Bank, Credit Card Dept

Transaction ID: SB21B.6074  
Date of Disbursement

Mailing Address PO Box 0537

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	9

City Indiana State PA Zip Code 15701

Amount of Each Disbursement this Period

2925.53
---------

Purpose of Disbursement  
See Detail

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) .....

3757.09
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TOTAL This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Westin Hotel	Transaction ID: SB21B.6074.0 Date of Disbursement 02 / 12 / 2009
	Mailing Address 1 Old Bayshore Hwy	Amount of Each Disbursement this Period 1034.58
	City Millbrae State CA Zip Code 94030	
	Purpose of Disbursement Fund Raiser Expense Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6074.4 Date of Disbursement 02 / 12 / 2009
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 18.00
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society	Transaction ID: SB21B.6074.5 Date of Disbursement 02 / 12 / 2009
	Mailing Address 200 Maryland Avenue NE	Amount of Each Disbursement this Period 1819.95
	City Washington State DC Zip Code 20002-5796	
	Purpose of Disbursement Fund Raiser Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept	Transaction ID: SB21B.6090 Date of Disbursement
	Mailing Address PO Box 0537	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement See Detail	<input type="text" value="97.87"/>
	Candidate Name	<input type="text" value=""/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6090.0 Date of Disbursement
	Mailing Address 3535 Peachtree Rd NE	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period
	Purpose of Disbursement Freight	<input type="text" value="18.00"/>
	Candidate Name	<input type="text" value="001"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6090.2 Date of Disbursement
	Mailing Address 3535 Peachtree Rd NE	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period
	Purpose of Disbursement Freight	<input type="text" value="18.00"/>
	Candidate Name	<input type="text" value="001"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="97.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6090.3
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement MM / DD / YYYY 03 / 11 / 2009
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 18.00
	Purpose of Disbursement Freight Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6090.4
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement MM / DD / YYYY 03 / 11 / 2009
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 18.00
	Purpose of Disbursement Freight Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6088
	Mailing Address 1258 Frances Street	Date of Disbursement MM / DD / YYYY 03 / 10 / 2009
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Consulting Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Theresa Lehman</p> <p>Mailing Address 1258 Frances Street</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6102</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="100.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 1201 Third Avenue Suite 4800</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6083</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="823.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC</p> <p>Mailing Address 551 Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6072</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="323.75"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1246.75"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC	Transaction ID: SB21B.6079 Date of Disbursement
	Mailing Address 551 Main Street	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Service Candidate Name	<input type="text" value="1189.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates	Transaction ID: SB21B.6066 Date of Disbursement
	Mailing Address 5910 Gloster Road	<input type="text" value="01"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services Candidate Name	<input type="text" value="2350.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates	Transaction ID: SB21B.6078 Date of Disbursement
	Mailing Address 5910 Gloster Road	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services Candidate Name	<input type="text" value="2350.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5889.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates	Transaction ID: SB21B.6098 Date of Disbursement 03 / 16 / 2009
	Mailing Address 5910 Gloster Road	Amount of Each Disbursement this Period 2350.00
	City Bethesda State MD Zip Code 20816	
	Purpose of Disbursement Consulting Services Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6100 Date of Disbursement 03 / 19 / 2009
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 17.83
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.6087 Date of Disbursement 03 / 05 / 2009
	Mailing Address P.O. Box 646	Amount of Each Disbursement this Period 174.69
	City Baltimore State MD Zip Code 21265-0646	
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2542.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>15288.97</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BOB CASEY FOR SENATE INC Mailing Address 607 14TH STREET NW SUITE 800 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name ROBERT P JR CASEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6092 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS Mailing Address 530 SEMINOLE DRIVE City ERIE State PA Zip Code 16505 Purpose of Disbursement Contribution Candidate Name KATHLEEN ANN DAHLKEMPER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6089 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2009
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	6000.00

Image# 29933460182

Form/Schedule: **F3XN**  
Transaction ID:

NO SCHEDULE B OR E NEEDED. NO EXPENSES OF THE MAJORITY PAC FOR 3/31/09 PERIOD WERE FOR A  
MITTEE. THE ONLY EPXENSES WERE ACTUAL CONTRIBUTIONS TO THE SPECIFIC CANIDATE COMMITTEE

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