

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

MAJORITY PAC

ADDRESS (number and street)

551 MAIN STREET

SUITE 120

Check if different than previously reported. (ACC)

JOHNSTOWN PA 15901

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

C00426023

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12G)

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period through

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer TREASURER ROBERT C. ONDICK

Signature of Treasurer Electronically Filed by TREASURER ROBERT C. ONDICK Date

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									FEC FORM 3X (Rev. 02/2003)
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
MAJORITY PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">93113.97</td></tr></table>	93113.97	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">93113.97</td></tr></table>	93113.97
Y	Y	Y	Y									
2	0	0	7									
93113.97												
93113.97												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">227270.32</td></tr></table>	227270.32										
227270.32												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">37500.00</td></tr></table>	37500.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">322900.00</td></tr></table>	322900.00								
37500.00												
322900.00												
(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%; border-collapse: collapse;"><tr><td style="text-align: center;">264770.32</td></tr></table>	264770.32	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">416013.97</td></tr></table>	416013.97								
264770.32												
416013.97												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">92179.78</td></tr></table>	92179.78	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">243423.43</td></tr></table>	243423.43								
92179.78												
243423.43												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">172590.54</td></tr></table>	172590.54	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">172590.54</td></tr></table>	172590.54								
172590.54												
172590.54												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	11000.00	170400.00
(i) Itemized (use Schedule A)	0.00	1500.00
(ii) Unitemized	11000.00	171900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	26500.00	151000.00
(c) Other Political Committees (such as PACs)	37500.00	322900.00
(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))	37500.00	322900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37500.00	322900.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	31179.78	107923.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	31179.78	107923.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	135500.00
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))..	92179.78	243423.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	92179.78	243423.43

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	37500.00	322900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37500.00	322900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31179.78	107923.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31179.78	107923.43

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<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

Full Name (Last, First, Middle Initial) A. Robert A. Coleman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2007	
Mailing Address 13313 Balmoral Heights Pl		Transaction ID: SA11A1.5309	
City State Zip Code Clifton VA 20124	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer ManTech Intl	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. James L. Ervin		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2007	
Mailing Address 116 Queen Street		Transaction ID: SA11A1.5313	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer ETA Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Jean F. Fyock		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2007	
Mailing Address P.O. Box 5383		Transaction ID: SA11A1.5311	
City State Zip Code Johnstown PA 15904	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer MountainTop Tech.	Occupation Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

Full Name (Last, First, Middle Initial) A. Carol A. Griffith		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2007	
Mailing Address 1750 Franklin Street		Transaction ID: SA11A1.5300	
City Johnstown	State PA	Zip Code 15905	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Receipt For:	Occupation Homemaker	Aggregate Year-to-Date ▼ 2000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Joseph A. Hardy, III		Date of Receipt M M / D D / Y Y Y Y Y 08 / 23 / 2007	
Mailing Address Rt. 519, P.O. Box 584		Transaction ID: SA11A1.5406	
City Eighty Four	State PA	Zip Code 15384	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Receipt For:	Occupation Executive	Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Walter S., III Keller		Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2007	
Mailing Address 103 Firwood Dr		Transaction ID: SA11A1.5316	
City Bridgeville	State PA	Zip Code 15017	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Receipt For:	Occupation CEO President	Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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

Full Name (Last, First, Middle Initial) A. Anthony Podesta		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2007
Mailing Address 1001 G Street NW 900E		Transaction ID: SA11A1.5301
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Podesta Group	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. William Polacek		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2007
Mailing Address 187 Wyndemere Drive		Transaction ID: SA11A1.5303
City Johnstown State PA Zip Code 15904	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer JWF Industries	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. S. Kent Rockwell		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2007
Mailing Address 960 Penn Avenue		Transaction ID: SA11A1.5304
City Pittsburgh State PA Zip Code 15222-3811	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer SenSy Tech.	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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) Eli R. Shumar, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2007	
Mailing Address 432 Stone Church Road		Transaction ID: SA11A1.5317	
City State Zip Code Grindstone PA 15442	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Shumar's Welding & Machine	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Major Genl Randall L. West		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2007	
Mailing Address 1 Massachusetts Avenue NW Suite 880		Transaction ID: SA11A1.5305	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Robinson Intl Inc	Occupation President & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	11000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 27
	<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

Full Name (Last, First, Middle Initial) A. ADVANCED ACOUSTIC CONCEPTS INC POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 425 OSER AVENUE		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City	State	Zip Code
HAUPPAUGE	NY	11788
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5297
<input type="text" value="C"/> <input type="text" value="C00366385"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. American Association of Orthopaedic Surgeons PAC		Date of Receipt
Mailing Address 17 Massachussets Ave NE		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5307
<input type="text" value="C"/> <input type="text" value="C00343137"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BABCOCK & WILCOX COMPANIES POLITICAL ACTION COMMITTEE (B&W PAC), THE		Date of Receipt
Mailing Address 2016 Mt. Athos Road		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City	State	Zip Code
Lynchburg	VA	24504
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5314
<input type="text" value="C"/> <input type="text" value="C00365502"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<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

Full Name (Last, First, Middle Initial) A. RADIX TECHNOLOGIES POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2007
Mailing Address 329 N BERNARDO AVE		Transaction ID: SA11C.5319
City State Zip Code MOUNTAIN VIEW CA 94043	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C C00395988	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 4000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. TEXTRON INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2007
Mailing Address 40 WESTMINSTER STREET		Transaction ID: SA11C.5320
City State Zip Code PROVIDENCE RI 02903	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00123612	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. UNITED STATES STEEL CORPORATION PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2007
Mailing Address 600 Grant Street Room 675		Transaction ID: SA11C.5298
City State Zip Code Pittsburgh PA 15219	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00030676	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	26500.00

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)

PAGE 12 / 27

<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

Full Name (Last, First, Middle Initial) A. A T & T Mobility		Transaction ID: SB21B.5337 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 5020 Ash Grove Road		Amount of Each Disbursement this Period 138.70
City Springfield State IL Zip Code 62711-6329	Purpose of Disbursement Telephone Candidate Name	
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: 001

Full Name (Last, First, Middle Initial) B. A T & T Mobility		Transaction ID: SB21B.5371 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 5020 Ash Grove Road		Amount of Each Disbursement this Period 104.52
City Springfield State IL Zip Code 62711-6329	Purpose of Disbursement Telephone Candidate Name	
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: 001

Full Name (Last, First, Middle Initial) C. A T & T Mobility		Transaction ID: SB21B.5379 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 5020 Ash Grove Road		Amount of Each Disbursement this Period 104.52
City Springfield State IL Zip Code 62711-6329	Purpose of Disbursement Telephone Candidate Name	
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:

SUBTOTAL of Disbursements This Page (optional) ▶	347.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Full Name (Last, First, Middle Initial) A. Dr ISP		Transaction ID: SB21B.5334 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 7
Mailing Address C/O Digital Razor PO Box 369		Amount of Each Disbursement this Period 34.90
City Indiana State PA Zip Code 15701	Purpose of Disbursement Office Expense Candidate Name Category/Type 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) ▼

Full Name (Last, First, Middle Initial) B. Dr ISP		Transaction ID: SB21B.5378 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address C/O Digital Razor PO Box 369		Amount of Each Disbursement this Period 69.80
City Indiana State PA Zip Code 15701	Purpose of Disbursement Office Expense Candidate Name Category/Type 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) ▼

Full Name (Last, First, Middle Initial) C. First Comm. Bank, Credit Card Dept		Transaction ID: SB21B.5339 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address PO Box 0537		Amount of Each Disbursement this Period 2783.91
City Indiana State PA Zip Code 15701	Purpose of Disbursement See Detail Candidate Name 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2888.61
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. The Ritz Carlton Penta		Transaction ID: SB21B.5339.0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 500.00
City Arlington State VA Zip Code 22202	[MEMO ITEM]	
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) ▼

Full Name (Last, First, Middle Initial) B. U.S. Capital Historical Society		Transaction ID: SB21B.5339.5 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 200 Maryland Avenue NE		Amount of Each Disbursement this Period 2069.40
City Washington State DC Zip Code 20002-5796	[MEMO ITEM]	
Purpose of Disbursement Gifts 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) ▼

Full Name (Last, First, Middle Initial) C. First Comm. Bank, Credit Card Dept		Transaction ID: SB21B.5345 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address PO Box 0537		Amount of Each Disbursement this Period 690.98
City Indiana State PA Zip Code 15701	[MEMO ITEM]	
Purpose of Disbursement See Detail 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	690.98
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. Homewood Suites		Transaction ID: SB21B.5345.2 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 4850 Leesburg Pike		Amount of Each Disbursement this Period 195.11 [MEMO ITEM]
City Alexandria State VA Zip Code 22302		
Purpose of Disbursement Lodging Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) B. First Commonwealth Bank		Transaction ID: SB21B.5409 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address Franklin Street Office 217 Franklin St		Amount of Each Disbursement this Period 12.00
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Bank Charges Candidate Name	Category/Type 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) ▼	

Full Name (Last, First, Middle Initial) C. First Commonwealth Bank		Transaction ID: SB21B.5348 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address Franklin Street Office 217 Franklin St		Amount of Each Disbursement this Period 31.74
City Johnstown State PA Zip Code 15901		
Purpose of Disbursement Office Expense Candidate Name	Category/Type 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	43.74
TOTAL 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

Full Name (Last, First, Middle Initial) A. First Commonwealth Bank		Transaction ID: SB21B.5346 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 7
Mailing Address Franklin Street Office 217 Franklin St		Amount of Each Disbursement this Period 4.50
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Bank Charges Candidate Name	
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) ▼
Purpose of Disbursement Bank Charges Candidate Name		

Full Name (Last, First, Middle Initial) B. First Commonwealth Bank		Transaction ID: SB21B.5405 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address Franklin Street Office 217 Franklin St		Amount of Each Disbursement this Period 115.08
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Bank Charges Candidate Name	
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) ▼
Purpose of Disbursement Bank Charges Candidate Name		

Full Name (Last, First, Middle Initial) C. First Commonwealth Bank		Transaction ID: SB21B.5404 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address Franklin Street Office 217 Franklin St		Amount of Each Disbursement this Period 31.74
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Lease Expense Candidate Name	
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) ▼
Purpose of Disbursement Lease Expense Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	151.32
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. First Commonwealth Bank		Transaction ID: SB21B.5408 Date of Disbursement
Mailing Address Franklin Street Office 217 Franklin St		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
City Johnstown	State PA	Zip Code 15901
Purpose of Disbursement Lease Expense		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="31.74"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="001"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) B. Theresa Lehman		Transaction ID: SB21B.5385 Date of Disbursement
Mailing Address 1258 Francis Street		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Johnstown	State PA	Zip Code 15904
Purpose of Disbursement Contracted Services		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="180.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="001"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) C. L J Aviation		Transaction ID: SB21B.5341 Date of Disbursement
Mailing Address 125 Aviation Lane Suite 112		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Latrobe	State PA	Zip Code 15650
Purpose of Disbursement Travel		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="8303.46"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="002"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8515.20"/>
TOTAL 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

Full Name (Last, First, Middle Initial) A. L J Aviation		Transaction ID: SB21B.5373 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 125 Aviation Lane Suite 112		Amount of Each Disbursement this Period 6996.60
City Latrobe State PA Zip Code 15650	002 Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) B. Patrick McGlynn		Transaction ID: SB21B.5336 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 7
Mailing Address 1418 Ocala Avenue		Amount of Each Disbursement this Period 211.99
City Johnstown State PA Zip Code 15902	001 Category/ Type	
Purpose of Disbursement Telephone		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) C. Perkins Coie LLP		Transaction ID: SB21B.5335 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 7
Mailing Address 1201 Third Avenue Suite 4800		Amount of Each Disbursement this Period 146.00
City Seattle State WA Zip Code 98101-3099	001 Category/ Type	
Purpose of Disbursement Legal Expense		
Candidate Name		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7354.59
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. Robert C. Ondick, CPA PC		Transaction ID: SB21B.5338 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7	
Mailing Address 551 Main Street		Amount of Each Disbursement this Period 930.00	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Accounting 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) ▼		

Full Name (Last, First, Middle Initial) B. Robert C. Ondick, CPA PC		Transaction ID: SB21B.5372 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7	
Mailing Address 551 Main Street		Amount of Each Disbursement this Period 2377.50	
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Accounting 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) ▼		

Full Name (Last, First, Middle Initial) C. Susan O'Neill & Associates		Transaction ID: SB21B.5344 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 2000.00	
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Consulting Fees 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5307.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Full Name (Last, First, Middle Initial) A. Susan O'Neill & Associates		Transaction ID: SB21B.5376 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 2000.00
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Consulting Fees Candidate Name	
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) ▼
Purpose of Disbursement Fund Raiser Expense Candidate Name		

Full Name (Last, First, Middle Initial) B. The Ritz Carlton Penta		Transaction ID: SB21B.5340 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 1250 South Hayes Street		Amount of Each Disbursement this Period 2939.05
City Arlington State VA Zip Code 22202	Purpose of Disbursement Fund Raiser Expense Candidate Name	
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) ▼
Purpose of Disbursement Fund Raiser Expense Candidate Name		

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB21B.5333 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 646		Amount of Each Disbursement this Period 96.81
City Baltimore State MD Zip Code 21265-0646	Purpose of Disbursement Telephone Candidate Name	
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) ▼
Purpose of Disbursement Telephone Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	5035.86
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB21B.5343 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7	
Mailing Address P.O. Box 646		Amount of Each Disbursement this Period 126.05	
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) ▼		

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB21B.5377 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7	
Mailing Address P.O. Box 646		Amount of Each Disbursement this Period 126.80	
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) ▼		

SUBTOTAL of Disbursements This Page (optional)	252.85
TOTAL This Period (last page this line number only)	30588.39

**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 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

Full Name (Last, First, Middle Initial) A. COHEN FOR CONGRESS ORG		Transaction ID: SB23.5402 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address PO BOX 388		Amount of Each Disbursement this Period 1000.00
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. DAN LIPINSKI FOR CONGRESS		Transaction ID: SB23.5387 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 4501 GRAND		Amount of Each Disbursement this Period 5000.00
City WESTERN SPRINGS State IL Zip Code 60558	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. DONNELLY FOR CONGRESS		Transaction ID: SB23.5398 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address PO BOX 515		Amount of Each Disbursement this Period 5000.00
City BUFFALO State NY Zip Code 14223	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL 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)

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<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

Full Name (Last, First, Middle Initial) A. FRIENDS OF PHIL HARE		Transaction ID: SB23.5382	
Mailing Address 313 17th Street P.O. Box 4183		Date of Disbursement 09 / 20 / 2007	
City Rock Island	State IL	Zip Code 61202	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 17			

Full Name (Last, First, Middle Initial) B. GILLIBRAND FOR CONGRESS		Transaction ID: SB23.5399	
Mailing Address P.O. Box 1279		Date of Disbursement 09 / 28 / 2007	
City Hudson	State NY	Zip Code 12534	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 20			

Full Name (Last, First, Middle Initial) C. HOOSIERS FOR HILL		Transaction ID: SB23.5394	
Mailing Address PO Box 1071		Date of Disbursement 09 / 28 / 2007	
City Seymour	State IN	Zip Code 47274	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 9			

SUBTOTAL of Disbursements This Page (optional)	12000.00
TOTAL 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)

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<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

Full Name (Last, First, Middle Initial) A. JOHN HALL FOR CONGRESS		Transaction ID: SB23.5389	
Mailing Address PO Box 377		Date of Disbursement 09 / 28 / 2007	
City Dover Plains	State NY	Zip Code 12522	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 19		

Full Name (Last, First, Middle Initial) B. KAGEN 4 CONGRESS		Transaction ID: SB23.5393	
Mailing Address 100 WEST LAWRENCE STREET		Date of Disbursement 09 / 28 / 2007	
City APPLETON	State WI	Zip Code 54911	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI	District: 08		

Full Name (Last, First, Middle Initial) C. LAMPSON FOR CONGRESS		Transaction ID: SB23.5375	
Mailing Address P.O. Box 58606		Date of Disbursement 09 / 13 / 2007	
City Houston	State TX	Zip Code 77258	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 22		

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL 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 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

Full Name (Last, First, Middle Initial) A. MCNERNEY FOR CONGRESS		Transaction ID: SB23.5392	
Mailing Address 5429 Madison Avenue		Date of Disbursement 09 / 28 / 2007	
City Sacramento	State CA	Zip Code 95841	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 11		

Full Name (Last, First, Middle Initial) B. NANCY BOYDA FOR CONGRESS		Transaction ID: SB23.5396	
Mailing Address PO Box 1474		Date of Disbursement 09 / 28 / 2007	
City TOPEKA	State KS	Zip Code 66612	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KS	District: 02		

Full Name (Last, First, Middle Initial) C. NIKI TSONGAS COMMITTEE, THE		Transaction ID: SB23.5380	
Mailing Address PO BOX 1454		Date of Disbursement 09 / 19 / 2007	
City LOWELL	State MA	Zip Code 01853	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MA	District: 05		

SUBTOTAL of Disbursements This Page (optional)	12000.00
TOTAL 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)

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<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

Full Name (Last, First, Middle Initial) A. PAUL HODES FOR CONGRESS		Transaction ID: SB23.5390
Mailing Address 26 So. Main St.		Date of Disbursement 09 / 28 / 2007
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 5000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH District: 02		

Full Name (Last, First, Middle Initial) B. TIM MAHONEY FOR FLORIDA		Transaction ID: SB23.5391
Mailing Address 1128-408 ROYAL PALM BEACH BLVD		Date of Disbursement 09 / 28 / 2007
City ROYAL PALM BEACH	State FL	Zip Code 33411
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 5000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 16		

Full Name (Last, First, Middle Initial) C. UNGER FOR CONGRESS		Transaction ID: SB23.5400
Mailing Address PO BOX 11530		Date of Disbursement 09 / 28 / 2007
City CHARLESTON	State WV	Zip Code 25339
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 02		

SUBTOTAL of Disbursements This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	61000.00

Image# 27931318201

Form/Schedule: **F3XN**

Transaction ID:

NO EXPENSES OF THE MAJORITY PAC FOR THE SEPTEMBER 30, 2007 QUARTERLY REPORT WERE USED FOR ANY SPECIFIC FEDERAL CANDIDATES. THE ONLY EXPENSES TO A SPECIFIC IDENTIFIED FEDERAL CANDIDATE WERE THE ACTUAL CONTRIBUTIONS MADE BY THE MAJORITY PAC TO THE CANDIDATE COMMITTEE. THUS NO DISCLOSURE IS NEEDED FOR SCHEDULE B OR E.
