

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	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		120140.23
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	120140.23									
(c) Total Receipts (from Line 19)	1298.48	1298.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	121438.71	121438.71								
7. Total Disbursements (from Line 31)	38062.20	38062.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83376.51	83376.51								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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**

FEC Form 3X (Rev. 06/2004)

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	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A)	1000.00	1000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1000.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1000.00	1000.00
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)	250.00	250.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	48.48	48.48
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))	1298.48	1298.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1298.48	1298.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	14062.20	14062.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	14062.20	14062.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
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.....	4000.00	4000.00
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))..	38062.20	38062.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38062.20	38062.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	1000.00	1000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1000.00	1000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14062.20	14062.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	250.00	250.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13812.20	13812.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 21	
	(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"/> 13	<input type="checkbox"/> 14	<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

A.

Full Name (Last, First, Middle Initial) James L. Ervin		Date of Receipt	
Mailing Address 116 Queen Street		M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0	
City Alexandria	State VA	Zip Code 22314	Transaction ID: SA11AI.6553
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ETA Inc	Occupation President	Contribution	
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)	1000.00
TOTAL This Period (last page this line number only)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 21	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input type="checkbox"/> 12
		<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) Credit Card Dept		Date of Receipt
	Mailing Address First Commonwealth Bank PO Box 0537		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Indiana	PA	15701
	FEC ID number of contributing federal political committee.		Transaction ID: SA16.6560
	Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="48.48"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Refund, Travel	
Other (specify) ▼			
Aggregate Year-to-Date ▼		<input type="text" value="48.48"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="48.48"/>
TOTAL This Period (last page this line number only)	<input type="text" value="48.48"/>

**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)
Credit Card Dept

Mailing Address First Commonwealth Bank
PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement See Detail

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.6548
Date of Disbursement: 01 / 12 / 2010

Amount of Each Disbursement this Period: 2695.22

Category/Type

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

Mailing Address 1 Old Bayshore Hwy

City Millbrae State CA Zip Code 94030

Purpose of Disbursement Fund Raiser Recept Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.6548.2
Date of Disbursement: 01 / 12 / 2010

Amount of Each Disbursement this Period: 2085.00

Category/Type

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Homewood Suites

Mailing Address 4850 Leesburg Pike

City Alexandria State VA Zip Code 22302

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.6548.10
Date of Disbursement: 01 / 12 / 2010

Amount of Each Disbursement this Period: 225.63

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 2695.22

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

A.	Full Name (Last, First, Middle Initial) Credit Card Dept	Transaction ID: SB21B.6540 Date of Disbursement 03 / 16 / 2010
	Mailing Address: First Commonwealth Bank PO Box 0537	Amount of Each Disbursement this Period 193.48
	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6540.0 Date of Disbursement 03 / 16 / 2010
	Mailing Address: 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 50.12
	City: Atlanta State: GA Zip Code: 30318	
	Purpose of Disbursement: Freight	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6540.1 Date of Disbursement 03 / 16 / 2010
	Mailing Address: 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 20.00
	City: Atlanta State: GA Zip Code: 30318	
	Purpose of Disbursement: Freight	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	193.48
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)

PAGE 10 / 21

<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.6540.2 Date of Disbursement 03 / 16 / 2010
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 20.00
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight	
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6540.4 Date of Disbursement 03 / 16 / 2010
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 20.00
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight	
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6540.5 Date of Disbursement 03 / 16 / 2010
	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	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]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

PAGE 11 / 21

<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.6540.6 Date of Disbursement 03 / 16 / 2010
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 20.00
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6540.7 Date of Disbursement 03 / 16 / 2010
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 20.00
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6540.8 Date of Disbursement 03 / 16 / 2010
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 20.00
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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 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.6540.9 Date of Disbursement 03 / 16 / 2010
	Mailing Address 1 Old Bayshore Hwy	Amount of Each Disbursement this Period -838.75
	City Millbrae State CA Zip Code 94030	
	Purpose of Disbursement Refund 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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Westin Hotel	Transaction ID: SB21B.6540.15 Date of Disbursement 03 / 16 / 2010
	Mailing Address 1 Old Bayshore Hwy	Amount of Each Disbursement this Period 418.01
	City Millbrae State CA Zip Code 94030	
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Credit Card Dept	Transaction ID: SB21B.6540.19 Date of Disbursement 03 / 16 / 2010
	Mailing Address First Commonwealth Bank PO Box 0537	Amount of Each Disbursement this Period 21.71
	City Indiana State PA Zip Code 15701	
	Purpose of Disbursement Finance Charges	
	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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 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.6549 Date of Disbursement
	Mailing Address Main Street	<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent Candidate Name	<input type="text" value="450.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	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.6517 Date of Disbursement
	Mailing Address Main Street	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent Candidate Name	<input type="text" value="100.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	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.6525 Date of Disbursement
	Mailing Address Main Street	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1550.00"/>
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)

PAGE 14 / 21

<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 Commonwealth Bank

Transaction ID: SB21B.6537
Date of Disbursement

Mailing Address Franklin Street Office
217 Franklin St

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

31.74

Purpose of Disbursement
Credit Card Mach Rental

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
First Data Global Leasing

Transaction ID: SB21B.6538
Date of Disbursement

Mailing Address 4000 Coral Ridge Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	0

City Coral Ridge State FL Zip Code 33065

Amount of Each Disbursement this Period

219.68

Purpose of Disbursement
Cancel Credit Card Mach

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Theresa Lehman

Transaction ID: SB21B.6522
Date of Disbursement

Mailing Address 1258 Frances Street

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

140.00

Purpose of Disbursement
Casual Labor

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

391.42

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)

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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

<p>A. 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 Casual Labor</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>Transaction ID: SB21B.6526</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="90.00"/></p>
<p>B. 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 Casual Labor</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>Transaction ID: SB21B.6534</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>C. 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 Casual Labor</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>Transaction ID: SB21B.6547</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="110.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="300.00"/>
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

A.	Full Name (Last, First, Middle Initial) Theresa Lehman Mailing Address 1258 Frances Street City Johnstown State PA Zip Code 15904 Purpose of Disbursement Casual Labor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6558 Date of Disbursement 03 / 25 / 2010 Amount of Each Disbursement this Period 120.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC Mailing Address 551 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Accounting Services 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) ▼	Transaction ID: SB21B.6511 Date of Disbursement 01 / 19 / 2010 Amount of Each Disbursement this Period 1340.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC Mailing Address 551 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Accounting Services 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) ▼	Transaction ID: SB21B.6533 Date of Disbursement 03 / 10 / 2010 Amount of Each Disbursement this Period 605.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2065.00

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 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.6543 Date of Disbursement
	Mailing Address 551 Main Street	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement Postage Candidate Name	<input type="text" value="11.40"/>
	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.6515 Date of Disbursement
	Mailing Address 5910 Gloster Road	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising & Special Events Candidate Name	<input type="text" value="3008.00"/>
	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.6530 Date of Disbursement
	Mailing Address 5910 Gloster Road	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising & Special Events Candidate Name	<input type="text" value="2850.00"/>
	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

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5869.40"/>
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

A.	Full Name (Last, First, Middle Initial) Verizon			Transaction ID: SB21B.6559	
	Mailing Address P.O. Box 646			Date of Disbursement 03 / 30 / 2010	
	City Baltimore	State MD	Zip Code 21265-0646	Amount of Each Disbursement this Period 244.35	
	Purpose of Disbursement Telephone		001 Category/ Type		
	Candidate Name				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
	State: District:				

SUBTOTAL of Disbursements This Page (optional)	▶	244.35
TOTAL This Period (last page this line number only)	▶	13308.87

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

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.6500 Date of Disbursement 01 / 07 / 2010	
	Mailing Address 430 South Capitol Street, SE 2nd Floor		Amount of Each Disbursement this Period 10000.00
	City Washington State DC Zip Code 20003		
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MARK CRITZ FOR CONGRESS COMMITTEE	Transaction ID: SB23.6527 Date of Disbursement 02 / 26 / 2010	
	Mailing Address 551 MAIN STREET SUITE 120		Amount of Each Disbursement this Period 5000.00
	City JOHNSTOWN State PA Zip Code 15901		
	Purpose of Disbursement Contribution Candidate Name MARK CRITZ	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	
C.	Full Name (Last, First, Middle Initial) MARK CRITZ FOR CONGRESS COMMITTEE	Transaction ID: SB23.6531 Date of Disbursement 03 / 03 / 2010	
	Mailing Address 551 MAIN STREET SUITE 120		Amount of Each Disbursement this Period 5000.00
	City JOHNSTOWN State PA Zip Code 15901		
	Purpose of Disbursement Candidate Name MARK CRITZ	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention	

SUBTOTAL of Disbursements This Page (optional) ▶

20000.00

TOTAL This Period (last page this line number only) ▶

20000.00

**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 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 checked="" 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) Amiercan Red Cross	Transaction ID: SB29.6507 Date of Disbursement
	Mailing Address 647 Main Street # 310	<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="012"/> 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) Panetta Institute	Transaction ID: SB29.6513 Date of Disbursement
	Mailing Address 100 Campus Ctr.	<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Seaside State CA Zip Code 93955-8001	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="012"/> 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) Westmoreland Co Food Bank	Transaction ID: SB29.6510 Date of Disbursement
	Mailing Address 100 Deveonshire Dr	<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Delmont State PA Zip Code 15626-1667	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="012"/> 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)	<input type="text" value="3000.00"/>
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 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 checked="" 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)
Westmoreland Co Food Bank

Mailing Address 100 Deveonshire Dr

City Delmont State PA Zip Code 15626-1667

Purpose of Disbursement
Contribution

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6532

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

4000.00