



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MAJORITY PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		160819.40
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	274082.42									
(c) Total Receipts (from Line 19) .....	27515.00	192515.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	301597.42	353334.40								
7. Total Disbursements (from Line 31) .....	95355.46	147092.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	206241.96	206241.96								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
MAJORITY PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	12000.00	84500.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	12000.00	84500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	15500.00	108000.00
(c) Other Political Committees (such as PACs) .....	27500.00	192500.00
(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) .....	15.00	15.00
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)) .....	27515.00	192515.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27515.00	192515.00

**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.....	21855.46	53592.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	21855.46	53592.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73500.00	93500.00
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))..	95355.46	147092.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95355.46	147092.44

**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) .....	27500.00	192500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27500.00	192500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21855.46	53592.44
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	15.00	15.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21840.46	53577.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<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

**A.**

Full Name (Last, First, Middle Initial)  
John Mack

Mailing Address PO Box 700

City Annandale State VA Zip Code 22003

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

Name of Employer: Colex & Associates Inc Occupation: CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
04 / 23 / 2008

Transaction ID: SA11AI.5800

Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
John W. Piasecki

Mailing Address 106 S. Front St Apt 4B

City Philadelphia State PA Zip Code 19106-3031

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

Name of Employer: Piasecki Aircraft Corp Occupation: VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: SA11AI.5801

Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Margaret Santulli

Mailing Address 581 Main Street

City Woodbridge State NJ Zip Code 07095

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

Name of Employer: N/A Occupation: Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.5796

Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 31	
	(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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Santulli		Date of Receipt			
	Mailing Address 581 Main Street		M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8			
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5798		
	Woodbridge	NJ	07095	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		C		5000.00	
	Name of Employer NetJet		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	12000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 31</span>
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) AIR PRODUCTS AND CHEMICALS INC. POLITICAL ALLIANCE	Date of Receipt
	Mailing Address P.O. Box 441	<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City State Zip Code Trexlerstown PA 18087	<b>Transaction ID:</b> SA11C.5794
	FEC ID number of contributing federal political committee. <input type="text" value="C00127258"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED	Date of Receipt
	Mailing Address 1625 L STREET NW	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City State Zip Code WASHINGTON DC 20036	<b>Transaction ID:</b> SA11C.5793
	FEC ID number of contributing federal political committee. <input type="text" value="C00011114"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) COMPUTER SCIENCES CORPORATION PAC	Date of Receipt
	Mailing Address 2100 E Grand Avenue	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City State Zip Code El Segundo CA 90245	<b>Transaction ID:</b> SA11C.5791
	FEC ID number of contributing federal political committee. <input type="text" value="C00101410"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC		Date of Receipt
	Mailing Address 520 S. GRAND AVE. STE. 700		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 1 / 2 0 0 8
	City	State	Zip Code
	LOS ANGELES	CA	90071
	FEC ID number of contributing federal political committee. <b>C</b> C00088591		Transaction ID: SA11C.5809
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MANTECH INTERNATIONAL CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 12015 Lee Jackson Highway Suite 128		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Fairfax	VA	22033
	FEC ID number of contributing federal political committee. <b>C</b> C00208983		Transaction ID: SA11C.5808
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) TURKISH COALITON USA PAC (TC-USA PAC)		Date of Receipt
	Mailing Address 1025 CONNECTICUT AVE SUITE 1000		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	City	State	Zip Code
	WASHINGTON	DC	20036
	FEC ID number of contributing federal political committee. <b>C</b> C00432526		Transaction ID: SA11C.5804
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 15500.00

# 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 10 / 31

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) A T &amp; T Mobility</p> <p>Mailing Address 5020 Ash Grove Road</p> <p>City Springfield State IL Zip Code 62711-6329</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5706</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 104.49</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) A T &amp; T Mobility</p> <p>Mailing Address 5020 Ash Grove Road</p> <p>City Springfield State IL Zip Code 62711-6329</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5751</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 104.49</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) A T &amp; T Mobility</p> <p>Mailing Address 5020 Ash Grove Road</p> <p>City Springfield State IL Zip Code 62711-6329</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5772</p> <p>Date of Disbursement 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 103.15</p> <p>001 Category/Type</p>

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

312.13

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Christian Book Store  Mailing Address 1238 Scalp Avenue  City Johnstown State PA Zip Code 15904  Purpose of Disbursement Office Supplies 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) ▼	<b>Transaction ID:</b> SB21B.5719 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period 508.76
<b>B.</b>	Full Name (Last, First, Middle Initial) Dr ISP  Mailing Address C/O Digital Razor PO Box 369  City Indiana State PA Zip Code 15701  Purpose of Disbursement Office Supplies 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) ▼	<b>Transaction ID:</b> SB21B.5759 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 34.90
<b>C.</b>	Full Name (Last, First, Middle Initial) Feeder Canal Associates Inc  Mailing Address Main Street  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Rent 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) ▼	<b>Transaction ID:</b> SB21B.5703 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period 350.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	893.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 31

<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 Associates Inc	Transaction ID: SB21B.5718
	Mailing Address Main Street	Date of Disbursement 04 / 23 / 2008
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement Rent Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Feeder Canal Associates Inc	Transaction ID: SB21B.5761
	Mailing Address Main Street	Date of Disbursement 06 / 12 / 2008
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement Rent Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept	Transaction ID: SB21B.5705
	Mailing Address PO Box 0537	Date of Disbursement 04 / 16 / 2008
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period 1123.22
	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) ..... ▶

1823.22

**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

<b>A.</b> Full Name (Last, First, Middle Initial) The Ritz Carlton Penta <hr/> Mailing Address 1250 South Hayes Street <hr/> City Arlington State VA Zip Code 22202 Purpose of Disbursement Fund Raising Expense Candidate Name	Transaction ID: SB21B.5705.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 401.67  [MEMO ITEM]
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 003

<b>B.</b> Full Name (Last, First, Middle Initial) The Ritz Carlton Penta <hr/> Mailing Address 1250 South Hayes Street <hr/> City Arlington State VA Zip Code 22202 Purpose of Disbursement Fund Raising Expense Candidate Name	Transaction ID: SB21B.5705.1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 237.29  [MEMO ITEM]
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 003

<b>C.</b> Full Name (Last, First, Middle Initial) Homewood Suites <hr/> Mailing Address 4850 Leesburg Pike <hr/> City Alexandria State VA Zip Code 22302 Purpose of Disbursement Lodging Candidate Name	Transaction ID: SB21B.5705.2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 223.11  [MEMO ITEM]
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 002

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.

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

Mailing Address 4850 Leesburg Pike

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5705.3  
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

246.15

[MEMO ITEM]

B.

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

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5705.4  
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

C.

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

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement  
See Detail

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5748  
Date of Disbursement

05 / 13 / 2008

Amount of Each Disbursement this Period

220.85

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

220.85

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 15 / 31

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept	Transaction ID: SB21B.5760 Date of Disbursement																			
	Mailing Address PO Box 0537	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement See Detail	<table border="1"><tr><td>482.19</td></tr></table>	482.19																		
482.19																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.5760.0 Date of Disbursement																			
	Mailing Address 3535 Peachtree Rd NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Freight	<table border="1"><tr><td>28.92</td></tr></table>	28.92																		
28.92																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Circuit City	Transaction ID: SB21B.5760.1 Date of Disbursement																			
	Mailing Address P.O. Box 469	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
	City Coppell State TX Zip Code 75019	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Supplies	<table border="1"><tr><td>356.14</td></tr></table>	356.14																		
356.14																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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) ▼																			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>482.19</td></tr></table>	482.19
482.19		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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 16 / 31

<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.5760.2
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 06 / 12 / 2008
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 63.13
	Purpose of Disbursement Freight Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.5760.3
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 06 / 12 / 2008
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 17.00
	Purpose of Disbursement Freight Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.5760.4
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 06 / 12 / 2008
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 17.00
	Purpose of Disbursement Freight Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address Franklin Street Office 217 Franklin St  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) ▼	Transaction ID: SB21B.5774 Date of Disbursement 04 / 03 / 2008  Amount of Each Disbursement this Period 139.34  Category/Type
B.	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address Franklin Street Office 217 Franklin St  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Office Supplies 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.5775 Date of Disbursement 04 / 25 / 2008  Amount of Each Disbursement this Period 31.74  Category/Type
C.	Full Name (Last, First, Middle Initial) First Commonwealth Bank  Mailing Address Franklin Street Office 217 Franklin St  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Office Supplies 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.5776 Date of Disbursement 05 / 27 / 2008  Amount of Each Disbursement this Period 31.74  Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	202.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) First Commonwealth Bank</p> <p>Mailing Address Franklin Street Office 217 Franklin St</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5831</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.74"/></p>
<p><b>B.</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 Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5819</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p><b>C.</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 Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5717</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="270.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="601.74"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 31

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Theresa Lehman</p> <p>Mailing Address 1258 Frances Street</p> <p>City Johnstown State PA Zip Code 15904</p> <p>Purpose of Disbursement Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5737</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>B.</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 Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5752</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</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 Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5756</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="620.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.

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

Mailing Address 1258 Frances Street

City Johnstown State PA Zip Code 15904

Purpose of Disbursement  
Consulting Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5770  
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

110.00

B.

Full Name (Last, First, Middle Initial)  
Martinair Inc

Mailing Address P.O. box 485

City Sandston State VA Zip Code 23150

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5773  
Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

4500.00

C.

Full Name (Last, First, Middle Initial)  
MURTHA FOR CONGRESS COMMITTEE

Mailing Address SUITE 120 551 MAIN STREET

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement  
Office Supplies

Candidate Name  
JOHN P MR. MURTHA

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: PA District: 12

Transaction ID: SB21B.5720  
Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

600.00

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

5210.00

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 21 / 31

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pa Dept of Revenue  Mailing Address PO Box 280905  City Harrisburg State PA Zip Code 17128-0905  Purpose of Disbursement Use Tax 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) ▼	<b>Transaction ID:</b> SB21B.5707 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8	Amount of Each Disbursement this Period  290.40
<b>B.</b>	Full Name (Last, First, Middle Initial) Perkins Coie LLP  Mailing Address 1201 Third Avenue Suite 4800  City Seattle State WA Zip Code 98101-3099  Purpose of Disbursement Legal 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) ▼	<b>Transaction ID:</b> SB21B.5698 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period  187.50
<b>C.</b>	Full Name (Last, First, Middle Initial) Perkins Coie LLP  Mailing Address 1201 Third Avenue Suite 4800  City Seattle State WA Zip Code 98101-3099  Purpose of Disbursement Legal 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) ▼	<b>Transaction ID:</b> SB21B.5739 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 8	Amount of Each Disbursement this Period  300.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	777.90
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements and 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) Robert C. Ondick, CPA PC  Mailing Address 551 Main Street  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Accounting 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) ▼	Transaction ID: SB21B.5750 Date of Disbursement 05 / 13 / 2008  Amount of Each Disbursement this Period 1870.00  001 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.5757 Date of Disbursement 06 / 04 / 2008  Amount of Each Disbursement this Period 900.00  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates  Mailing Address 5910 Gloster Road  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) ▼	Transaction ID: SB21B.5822 Date of Disbursement 04 / 02 / 2008  Amount of Each Disbursement this Period 2550.00  003 Category/ Type

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

5320.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates  Mailing Address 5910 Gloster Road  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) ▼	<b>Transaction ID:</b> SB21B.5749 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 2600.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates  Mailing Address 5910 Gloster Road  City Bethesda State MD Zip Code 20816  Purpose of Disbursement Consulting 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) ▼	<b>Transaction ID:</b> SB21B.5771 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Valley Printing  Mailing Address 667 Main Street  City Johnstown State PA Zip Code 15901  Purpose of Disbursement Office Supplies 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) ▼	<b>Transaction ID:</b> SB21B.5731 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 181.26

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

4781.26

**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)  
Verizon

Transaction ID: SB21B.5730  
Date of Disbursement

Mailing Address P.O. Box 646

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City Baltimore State MD Zip Code 21265-0646

Amount of Each Disbursement this Period

Purpose of Disbursement  
Telephone

001
Category/ Type

236.65
--------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: SB21B.5758  
Date of Disbursement

Mailing Address P.O. Box 646

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

City Baltimore State MD Zip Code 21265-0646

Amount of Each Disbursement this Period

Purpose of Disbursement  
Telephone

001
Category/ Type

110.36
--------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

347.01
--------

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

21592.78
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
**ANDRE CARSON FOR CONGRESS**

Mailing Address 2527 North Alabama Street

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**ANDRE CARSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 07

Transaction ID: SB23.5723  
Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
**CARNEY FOR CONGRESS**

Mailing Address PO Box 38

City Dimock State PA Zip Code 18816

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**CHRISTOPHER CARNEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.5709  
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
**CAROL SHEA-PORTER FOR CONGRESS**

Mailing Address P.O. Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**CAROL SHEA-PORTER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.5815  
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

4000.00

**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

A.

Full Name (Last, First, Middle Initial)  
CAZAYOUX FOR CONGRESS

Transaction ID: SB23.5733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	8

Mailing Address POB 156

Amount of Each Disbursement this Period

2500.00
---------

City State Zip Code  
New Roads LA 70760

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
DONALD J CAZAYOUX

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

B.

Full Name (Last, First, Middle Initial)  
CHILDERS FOR CONGRESS

Transaction ID: SB23.5744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	8

Mailing Address PO BOX 177

Amount of Each Disbursement this Period

5000.00
---------

City State Zip Code  
BOONEVILLE MS 38829

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
TRAVIS W CHILDERS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

Runoff

C.

Full Name (Last, First, Middle Initial)  
CIRO D. RODRIGUEZ FOR CONGRESS

Transaction ID: SB23.5726

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Mailing Address PO Box 14528

Amount of Each Disbursement this Period

5000.00
---------

City State Zip Code  
San Antonio TX 78214

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
CIRO D. RODRIGUEZ

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

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

12500.00

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

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JIM MARSHALL Mailing Address 586 Orange Street City Macon State GA Zip Code 31201 Purpose of Disbursement Contribution Candidate Name JIM MARSHALL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5812 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Contribution Candidate Name JOE BACA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5754 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE Mailing Address 313 17th Street P.O. Box 4183 City Rock Island State IL Zip Code 61202 Purpose of Disbursement Contribution Candidate Name PHILIP G HARE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5811 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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

A.	Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT	Transaction ID: SB23.5816 Date of Disbursement
	Mailing Address PO Box 101436	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City: Arlington State: VA Zip Code: 22210	Amount of Each Disbursement this Period
	Purpose of Disbursement: Contribution	<input type="text" value="5000.00"/>
	Candidate Name: HILLARY RODHAM CLINTON	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	

B.	Full Name (Last, First, Middle Initial) JOHN BOCCIERI FOR CONGRESS	Transaction ID: SB23.5763 Date of Disbursement
	Mailing Address PO BOX 3016	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City: ALLIANCE State: OH Zip Code: 44601	Amount of Each Disbursement this Period
	Purpose of Disbursement: Contribution	<input type="text" value="1000.00"/>
	Candidate Name: JOHN A BOCCIERI	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 16	

C.	Full Name (Last, First, Middle Initial) JOHN BOCCIERI FOR CONGRESS	Transaction ID: SB23.5814 Date of Disbursement
	Mailing Address PO BOX 3016	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City: ALLIANCE State: OH Zip Code: 44601	Amount of Each Disbursement this Period
	Purpose of Disbursement: Contribution	<input type="text" value="2000.00"/>
	Candidate Name: JOHN A BOCCIERI	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 16	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) PENNSYLVANIANS FOR KANJORSKI Mailing Address 103 South Hanover Street City Nanticoke State PA Zip Code 18634 Purpose of Disbursement Contribution Candidate Name PAUL E KANJORSKI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5711 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) RICHARDSON FOR CONGRESS Mailing Address 1212 S VICTORY BLVD City BURBANK State CA Zip Code 91502 Purpose of Disbursement Contribution Candidate Name LAURA RICHARDSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5823 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) WULSIN FOR CONGRESS Mailing Address 7440 Montgomery Road City Cincinnati State OH Zip Code 45236 Purpose of Disbursement Contribution Candidate Name VICTORIA WULSIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5768 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	73500.00

Image# 28992284267

Form/Schedule: **F3XA**

Transaction ID:

NO EXPENSES OF THE MAJORITY PAC FOR THE JUNE 30, 2008 QUARTERLY REPORT WERE USED FOR A  
DATES. THE ONLY EXPENSES TO A SPECIFIC IDENTIFIED FEDERAL CANDIDATE WERE THE ACTUAL CO  
MAJORITY PAC TO THE CANDIDATE'S COMMITTEE. THUS NO DISCLOSURE IS NEEDED FOR SCHEDULE E

\*\*\*\*\*