

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

MAJORITY PAC

ADDRESS (number and street) 551 MAIN STREET
SUITE 120
 Check if different than previously reported. (ACC)
JOHNSTOWN PA 15901

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00426023

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 10 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer TREASURER ROBERT C. ONDICK

Signature of Treasurer Electronically Filed by TREASURER ROBERT C. ONDICK Date 01 26 2007

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MAJORITY PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		93113.97
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	172590.54									
(c) Total Receipts (from Line 19)	19801.51	342701.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	192392.05	435815.48								
7. Total Disbursements (from Line 31)	31572.65	274996.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	160819.40	160819.40								
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**

Write or Type Committee Name
MAJORITY PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12600.00	183000.00
(i) Itemized (use Schedule A)	0.00	1500.00
(ii) Unitemized	12600.00	184500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	156000.00
(c) Other Political Committees (such as PACs)	17600.00	340500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	201.51	201.51
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))	19801.51	342701.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19801.51	342701.51

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.....	12572.65	120496.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	12572.65	120496.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	154500.00
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))..	31572.65	274996.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31572.65	274996.08

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)	17600.00	340500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17600.00	340500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12572.65	120496.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12572.65	120496.08

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

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

FOR LINE NUMBER: PAGE 6 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
William J. Boyle

Mailing Address 2809 Central Avenue

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
Fibergate Inc VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.5469

Amount of Each Receipt this Period
1300.00

B. Full Name (Last, First, Middle Initial)
Robert Gottfried

Mailing Address 37 Red Fox Drive

City State Zip Code
New Hope PA 18938

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

Name of Employer Occupation
Crosscurrent Corp President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5494

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Aaron L. Grau

Mailing Address 116 Springbrooke Drive

City State Zip Code
Venetia PA 15367

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

Name of Employer Occupation
GSP Consulting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.5467

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 4300.00

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 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
Wendy Harrison

Mailing Address 4801 Maury Lane

City State Zip Code
Alexandria VA 22304

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Autometric Inc Dir of Human Res.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2007

Transaction ID: SA11AI.5472

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Beatriz C. McNelly

Mailing Address 21537 Sheffield Ct

City State Zip Code
Ashburn VA 20147

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fibergate VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3800.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2007

Transaction ID: SA11AI.5470

Amount of Each Receipt this Period 1300.00

C. Full Name (Last, First, Middle Initial)
Anthony Podesta

Mailing Address 1001 G Street NW
900E

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Podesta Group Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2007

Transaction ID: SA11AI.5471

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 3300.00

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 8 / 27	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Robert Schena		Date of Receipt
	Mailing Address 424 General Washington Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Wayne	PA	19087
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Rajant Corp		Occupation President
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"/>	Transaction ID: SA11AI.5492
			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="12600.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial) COMCAST CORP. POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 1500 Market Street 35th Floor		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City Philadelphia	State PA	Zip Code 19102
FEC ID number of contributing federal political committee. C C00248716		Transaction ID: SA11C.5490
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 5000.00
Aggregate Year-to-Date ▼ 5000.00		Contribution

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 27	
	(check only one)			
<input 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 checked="" 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) BOSWELL FOR CONGRESS		Date of Receipt
	Mailing Address PO Box 6220		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Des Moines	IA	50309
	FEC ID number of contributing federal political committee.		Transaction ID: SA16.5476
	Amount of Each Receipt this Period		<input type="text" value="2000.00"/>
Name of Employer		Occupation	Void Chk, Contribution
Receipt For: 2008		Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 27	
	(check only one)			
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) MAJORITY PAC

A.

Full Name (Last, First, Middle Initial) Verizon		Date of Receipt																				
Mailing Address P.O. Box 646		<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>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	2	/	2	0	0	7													
City	State	Zip Code																				
Baltimore	MD	21265-0646																				
FEC ID number of contributing federal political committee.		Transaction ID: SA17.5461																				
C		Amount of Each Receipt this Period																				
		201.51																				
Name of Employer	Occupation	Refund & Interest, Telephone																				
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	201.51																					

SUBTOTAL of Receipts This Page (optional)	▶	201.51
TOTAL This Period (last page this line number only)	▶	201.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) A T & T Mobility	Transaction ID: SB21B.5425 Date of Disbursement																			
	Mailing Address 5020 Ash Grove Road	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	7												
	City Springfield State IL Zip Code 62711-6329	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone Candidate Name	<table border="1"><tr><td>104.45</td></tr></table>	104.45																		
104.45																					
	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) ▼																			
		001 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) A T & T Mobility	Transaction ID: SB21B.5434 Date of Disbursement																			
	Mailing Address 5020 Ash Grove Road	<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>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	0		2	0	0	7												
	City Springfield State IL Zip Code 62711-6329	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone Candidate Name	<table border="1"><tr><td>104.45</td></tr></table>	104.45																		
104.45																					
	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) ▼																			
		001 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) A T & T Mobility	Transaction ID: SB21B.5444 Date of Disbursement																			
	Mailing Address 5020 Ash Grove Road	<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>1</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	9		2	0	0	7												
	City Springfield State IL Zip Code 62711-6329	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone Candidate Name	<table border="1"><tr><td>104.45</td></tr></table>	104.45																		
104.45																					
	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) ▼																			
		001 Category/ Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>313.35</td></tr></table>	313.35
313.35		
TOTAL 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 13 / 27

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Christian Book Store <hr/> Mailing Address 1238 Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Office Expenses Candidate Name <hr/> 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.5428 Date of Disbursement 10 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 199.35
B.	Full Name (Last, First, Middle Initial) Dr ISP <hr/> Mailing Address C/O Digital Razor PO Box 369 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Office Expense Candidate Name <hr/> 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.5422 Date of Disbursement 10 / 16 / 2007 <hr/> Amount of Each Disbursement this Period 49.92
C.	Full Name (Last, First, Middle Initial) Dr ISP <hr/> Mailing Address C/O Digital Razor PO Box 369 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Office Expense Candidate Name <hr/> 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.5433 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 34.90

SUBTOTAL of Disbursements This Page (optional) ▶

284.17

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

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) Dr ISP	Transaction ID: SB21B.5437
	Mailing Address C/O Digital Razor PO Box 369	Date of Disbursement 12 / 10 / 2007
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period 34.90
	Purpose of Disbursement Office Expense Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept	Transaction ID: SB21B.5421
	Mailing Address PO Box 0537	Date of Disbursement 10 / 16 / 2007
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period 115.02
	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) ▼

C.	Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept	Transaction ID: SB21B.5421.0
	Mailing Address PO Box 0537	Date of Disbursement 10 / 16 / 2007
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Office Expense Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	149.92
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) First Comm. Bank, Credit Card Dept Mailing Address PO Box 0537 City Indiana State PA Zip Code 15701 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5421.1 Date of Disbursement 10 / 15 / 2007
	Amount of Each Disbursement this Period 15.00 [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 Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5421.2 Date of Disbursement 10 / 16 / 2007
	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 Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5421.4 Date of Disbursement 10 / 16 / 2007
	Amount of Each Disbursement this Period 15.00 [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 16 / 27

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept	Transaction ID: SB21B.5432 Date of Disbursement
	Mailing Address PO Box 0537	<input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement See Detail	<input type="text" value="560.68"/>
	Candidate Name	<input type="text" value=""/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

B.	Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept	Transaction ID: SB21B.5432.0 Date of Disbursement
	Mailing Address PO Box 0537	<input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="15.00"/>
	Candidate Name	<input type="text" value="001"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) IBM SWG	Transaction ID: SB21B.5432.1 Date of Disbursement
	Mailing Address 555 Bailey Ave	<input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City San Jose State CA Zip Code 95141	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="306.34"/>
	Candidate Name	<input type="text" value="001"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="560.68"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

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

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement Finance Charges
Candidate Name

001
Category/
Type

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

Transaction ID: SB21B.5432.4
Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

2.43

[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 See Detail
Candidate Name

001
Category/
Type

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

Transaction ID: SB21B.5479
Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

893.92

C. Full Name (Last, First, Middle Initial)
U.S. House of Representatives

Mailing Address Cannon House

City Washington State DC Zip Code 20515

Purpose of Disbursement Gifts
Candidate Name

001
Category/
Type

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

Transaction ID: SB21B.5479.0
Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

825.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

893.92

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)
First Comm. Bank, Credit Card Dept

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Finance Charges
Candidate Name

001
Category/
Type

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

Transaction ID: SB21B.5479.2
Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

0.93

[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 Expense
Candidate Name

001
Category/
Type

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

Transaction ID: SB21B.5479.3
Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

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 Expense
Candidate Name

001
Category/
Type

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

Transaction ID: SB21B.5431
Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

31.74

SUBTOTAL of Disbursements This Page (optional) ▶

31.74

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 27

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Transaction ID: SB21B.5440

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	7	

Mailing Address Franklin Street Office
217 Franklin St

Amount of Each Disbursement this Period

41.94

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Office Expense

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Transaction ID: SB21B.5439

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	7	

Mailing Address Franklin Street Office
217 Franklin St

Amount of Each Disbursement this Period

94.75

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Credit Card Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
First Commonwealth Bank

Transaction ID: SB21B.5474

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	7	

Mailing Address Franklin Street Office
217 Franklin St

Amount of Each Disbursement this Period

86.45

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Bank Charges

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

223.14

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

<p>A.</p> <p>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 Equipment Lease</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.5475</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.74"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Theresa Lehman</p> <p>Mailing Address 1258 Francis 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>Transaction ID: SB21B.5415</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="330.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Theresa Lehman</p> <p>Mailing Address 1258 Francis 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>Transaction ID: SB21B.5424</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="210.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="571.74"/>
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)

<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	Transaction ID: SB21B.5435 Date of Disbursement																			
	Mailing Address 1258 Francis Street	<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>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	5		2	0	0	7												
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consulting Services Candidate Name	<table border="1"><tr><td>40.00</td></tr></table>	40.00																		
40.00																					
	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) ▼																			
		Category/Type: <table border="1"><tr><td>001</td></tr></table>	001																		
001																					

B.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.5442 Date of Disbursement																			
	Mailing Address 1258 Francis Street	<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>1</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	9		2	0	0	7												
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consulting Services Candidate Name	<table border="1"><tr><td>80.00</td></tr></table>	80.00																		
80.00																					
	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) ▼																			
		Category/Type: <table border="1"><tr><td></td></tr></table>																			

C.	Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: SB21B.5430 Date of Disbursement																			
	Mailing Address 1201 Third Avenue Suite 4800	<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>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	0	7												
	City Seattle State WA Zip Code 98101-3099	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Legal Services Candidate Name	<table border="1"><tr><td>35.00</td></tr></table>	35.00																		
35.00																					
	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) ▼																			
		Category/Type: <table border="1"><tr><td></td></tr></table>																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>155.00</td></tr></table>	155.00
155.00		
TOTAL 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)

<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 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.5426 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	Amount of Each Disbursement this Period 2439.50
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 Reimb. Office Expenses 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.5441 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 7	Amount of Each Disbursement this Period 410.25
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.5423 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4849.75

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)
Susan O'Neill & Associates

Transaction ID: SB21B.5429

Date of Disbursement

Mailing Address 5910 Gloster Road

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	0	7

City State Zip Code
Bethesda MD 20816

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Susan O'Neill & Associates

Transaction ID: SB21B.5436

Date of Disbursement

Mailing Address 5910 Gloster Road

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	7

City State Zip Code
Bethesda MD 20816

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: SB21B.5414

Date of Disbursement

Mailing Address P.O. Box 646

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	7

City State Zip Code
Baltimore MD 21265-0646

Amount of Each Disbursement this Period

120.72

Purpose of Disbursement
Telephone

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

4120.72

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)

PAGE 24 / 27

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.5427
	Mailing Address P.O. Box 646	Date of Disbursement 10 / 30 / 2007
	City Baltimore State MD Zip Code 21265-0646	Amount of Each Disbursement this Period 163.19
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.5438
	Mailing Address P.O. Box 646	Date of Disbursement 12 / 10 / 2007
	City Baltimore State MD Zip Code 21265-0646	Amount of Each Disbursement this Period 102.19
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.5478
	Mailing Address P.O. Box 646	Date of Disbursement 12 / 31 / 2007
	City Baltimore State MD Zip Code 21265-0646	Amount of Each Disbursement this Period 132.76
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	398.14
TOTAL This Period (last page this line number only)	12552.27

**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) COHEN FOR NEW HAMPSHIRE	Transaction ID: SB23.5413 Date of Disbursement																			
	Mailing Address 27 BEACH HILL ROAD PO BOX 4217	<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>1</td><td>0</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	4	/	2	0	0	7												
	City NEW CASTLE State NH Zip Code 03854	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name BURTON JOSEPH COHEN	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Mass. Democratic St. Committee	Transaction ID: SB23.5418 Date of Disbursement																			
	Mailing Address #630	<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>1</td><td>0</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	1	/	2	0	0	7												
	City Cambridge State MA Zip Code 02140	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) SCHULTZ DEBBIE WASSERMAN	Transaction ID: SB23.5480 Date of Disbursement																			
	Mailing Address 1071 Twin Branch Ln	<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>1</td><td>2</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	6	/	2	0	0	7												
	City WESTON State FL Zip Code 33326	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name DEBBIE WASSERMAN SCHULTZ	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>14000.00</td></tr></table>	14000.00
14000.00		
TOTAL 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 26 / 27

<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)
ZACK SPACE FOR CONGRESS COMMITTEE

Transaction ID: SB23.5482

Date of Disbursement

Mailing Address 123 West High Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	0	7

City State Zip Code
New Philadelphia OH 44663

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
ZACHARY T SPACE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 18

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

19000.00

Image# 28930104336

Form/Schedule: **F3XN**

Transaction ID:

NO EXPENSES OF THE MAJORITY PAC FOR THE DECEMBER 31, 2007 QUARTERLY REPORT WERE USED FOR ANY SPECIFIC FEDERAL CANDIDATES. THE ONLY EXPENSES TO A SPECIFIC IDENTIFIED FEDERAL CANDIDATE WERE THE ACTUAL CONTRIBUTIONS BY THE MAJORITY PAC TO THE CANDIDATE'S COMMITTEE. THUS NO DISCLOSURE IS NEEDED FOR SCHEDULE B OR E.
