



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
MAJORITY PAC

Report Covering the Period: From: 

M	M
0	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

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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: PAGE 6 / 31  
(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)  
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 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 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 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

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

NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) 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	Transaction ID: SA11AI.5798
	Woodbridge	NJ	07095	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	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

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

NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) 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: PAGE 9 / 31  
(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)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City State Zip Code  
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11C.5809

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
MANTECH INTERNATIONAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 12015 Lee Jackson Highway  
Suite 128

City State Zip Code  
Fairfax VA 22033

FEC ID number of contributing federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11C.5808

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
TURKISH COALITON USA PAC (TC-USA PAC)

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: SA11C.5804

Amount of Each Receipt this Period  
1000.00

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

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

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) A T & T Mobility	Transaction ID: SB21B.5706 Date of Disbursement 04 / 16 / 2008
	Mailing Address 5020 Ash Grove Road	Amount of Each Disbursement this Period 104.49
	City Springfield State IL Zip Code 62711-6329	
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>312.13</b>
<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 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)  
Christian Book Store

Transaction ID: SB21B.5719  
Date of Disbursement

Mailing Address 1238 Scalp Avenue

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

City Johnstown State PA Zip Code 15904

Amount of Each Disbursement this Period

508.76
--------

Purpose of Disbursement  
Office Supplies

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)  
Dr ISP

Transaction ID: SB21B.5759  
Date of Disbursement

Mailing Address C/O Digital Razor  
PO Box 369

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

34.90
-------

Purpose of Disbursement  
Office Supplies

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)  
Feeder Canal Associates Inc

Transaction ID: SB21B.5703  
Date of Disbursement

Mailing Address Main Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	8

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

350.00
--------

Purpose of Disbursement  
Rent

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

893.66
--------

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

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) 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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Ritz Carlton Penta</p> <p>Mailing Address 1250 South Hayes Street</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Fund Raising Expense</p> <p>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.5705.0</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 401.67</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Ritz Carlton Penta</p> <p>Mailing Address 1250 South Hayes Street</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Fund Raising Expense</p> <p>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.5705.1</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 237.29</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Homewood Suites</p> <p>Mailing Address 4850 Leesburg Pike</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Lodging</p> <p>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.5705.2</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 223.11</p> <p><b>[MEMO ITEM]</b></p>

<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

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) Homewood Suites	Transaction ID: SB21B.5705.3
	Mailing Address 4850 Leesburg Pike	Date of Disbursement MM / DD / YYYY 04 / 16 / 2008
	City Alexandria State VA Zip Code 22302	Amount of Each Disbursement this Period 246.15
	Purpose of Disbursement Lodging Candidate Name	002 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) First Comm. Bank, Credit Card Dept	Transaction ID: SB21B.5705.4
	Mailing Address PO Box 0537	Date of Disbursement MM / DD / YYYY 04 / 16 / 2008
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Office Supplies 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) First Comm. Bank, Credit Card Dept	Transaction ID: SB21B.5748
	Mailing Address PO Box 0537	Date of Disbursement MM / DD / YYYY 05 / 13 / 2008
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period 220.85
	Purpose of Disbursement See Detail Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	220.85
<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 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)  
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.5760  
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

482.19

**B.** Full Name (Last, First, Middle Initial)  
UPS

Mailing Address 3535 Peachtree Rd NE

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
Freight

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.5760.0  
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

28.92

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Circuit City

Mailing Address P.O. Box 469

City Coppell State TX Zip Code 75019

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.5760.1  
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

356.14

[MEMO ITEM]

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

482.19

**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

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) 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

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) 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 M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8  Amount of Each Disbursement this Period 139.34
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 M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8  Amount of Each Disbursement this Period 31.74
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 M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8  Amount of Each Disbursement this Period 31.74

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<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"/></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"/></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"/></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

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

NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Theresa Lehman  Mailing Address 1258 Frances Street  City Johnstown State PA Zip Code 15904  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) ▼	Transaction ID: SB21B.5737 Date of Disbursement 05 / 07 / 2008  Amount of Each Disbursement this Period 250.00  001 Category/ Type
<b>B.</b>	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  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.5752 Date of Disbursement 05 / 21 / 2008  Amount of Each Disbursement this Period 250.00  001 Category/ Type
<b>C.</b>	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  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.5756 Date of Disbursement 06 / 04 / 2008  Amount of Each Disbursement this Period 120.00  001 Category/ Type

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

620.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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) Theresa Lehman  Mailing Address 1258 Frances Street  City Johnstown State PA Zip Code 15904  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) ▼	Transaction ID: SB21B.5770 Date of Disbursement 06 / 18 / 2008  Amount of Each Disbursement this Period 110.00  Category/Type
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  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.5773 Date of Disbursement 06 / 18 / 2008  Amount of Each Disbursement this Period 4500.00  Category/Type 002
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  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5720 Date of Disbursement 04 / 23 / 2008  Amount of Each Disbursement this Period 600.00  Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pa Dept of Revenue</p> <p>Mailing Address PO Box 280905</p> <p>City Harrisburg State PA Zip Code 17128-0905</p> <p>Purpose of Disbursement Use Tax</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.5707</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="290.40"/></p> <p>Category/Type</p> <p><input type="text" value=""/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 1201 Third Avenue Suite 4800</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5698</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="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="187.50"/></p> <p>Category/Type</p> <p><input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 1201 Third Avenue Suite 4800</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5739</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>Category/Type</p> <p><input type="text" value="001"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="777.90"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 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

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) Robert C. Ondick, CPA PC	Transaction ID: SB21B.5750 Date of Disbursement
	Mailing Address 551 Main Street	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees Candidate Name	<input type="text" value="1870.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC	Transaction ID: SB21B.5757 Date of Disbursement
	Mailing Address 551 Main Street	<input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Services Candidate Name	<input type="text" value="900.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates	Transaction ID: SB21B.5822 Date of Disbursement
	Mailing Address 5910 Gloster Road	<input type="text" value="04"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Fees Candidate Name	<input type="text" value="2550.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5320.00"/>
<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

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) Susan O'Neill & Associates	Transaction ID: SB21B.5749 Date of Disbursement
	Mailing Address 5910 Gloster Road	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Fees	<input type="text" value="2600.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates	Transaction ID: SB21B.5771 Date of Disbursement
	Mailing Address 5910 Gloster Road	<input type="text" value="06"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Valley Printing	Transaction ID: SB21B.5731 Date of Disbursement
	Mailing Address 667 Main Street	<input type="text" value="04"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="181.26"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4781.26"/>
<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 24 / 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

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

NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 646 City Baltimore State MD Zip Code 21265-0646 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5730 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 236.65 Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 646 City Baltimore State MD Zip Code 21265-0646 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5758 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 110.36 Category/Type 001

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

347.01

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

21592.78

# 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

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)  
**ANDRE CARSON FOR CONGRESS**

Mailing Address 2527 North Alabama Street

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement  
Contribution

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

/  /

Amount of Each Disbursement this Period

**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

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

/  /

Amount of Each Disbursement this Period

**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

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

/  /

Amount of Each Disbursement this Period

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

**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 28 / 31

<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

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)  
HILLARY CLINTON FOR PRESIDENT

Mailing Address PO Box 101436

City Arlington State VA Zip Code 22210

Purpose of Disbursement  
Contribution

Candidate Name  
HILLARY RODHAM CLINTON

Office Sought:  House  
 Senate  
 President

State: District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5816

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

Mailing Address PO BOX 3016

City ALLIANCE State OH Zip Code 44601

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN A BOCCIERI

Office Sought:  House  
 Senate  
 President

State: OH District: 16

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5763

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
JOHN BOCCIERI FOR CONGRESS

Mailing Address PO BOX 3016

City ALLIANCE State OH Zip Code 44601

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN A BOCCIERI

Office Sought:  House  
 Senate  
 President

State: OH District: 16

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5814

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS</p> <p>Mailing Address 100 WEST LAWRENCE STREET</p> <p>City APPLETON State WI Zip Code 54911</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name STEVEN L KAGEN</p> <p>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: WI District: 08</p>	<p><b>Transaction ID:</b> SB23.5810 <b>Date of Disbursement:</b> 06 / 25 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KEEP NICK RAHALL IN CONGRESS COMMITTEE</p> <p>Mailing Address P O Box 64</p> <p>City Beckley State WV Zip Code 25802</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name NICK JOE J II RAHALL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 03</p>	<p><b>Transaction ID:</b> SB23.5741 <b>Date of Disbursement:</b> 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MASSA FOR CONGRESS</p> <p>Mailing Address 59 EAST MARKET STREET SUITE 244</p> <p>City CORNING State NY Zip Code 14830</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name ERIC J J MASSA</p> <p>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: NY District: 29</p>	<p><b>Transaction ID:</b> SB23.5766 <b>Date of Disbursement:</b> 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

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

**11000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 31

<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

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)  
**PENNSYLVANIANS FOR KANJORSKI**

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**PAUL E KANJORSKI**

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: PA District: 11

**Transaction ID:** SB23.5711  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**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

Category/  
Type

Candidate Name  
**LAURA RICHARDSON**

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 37

**Transaction ID:** SB23.5823  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** 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

Category/  
Type

Candidate Name  
**VICTORIA WULSIN**

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: OH District: 02

**Transaction ID:** SB23.5768  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

Image# 28991390349

Form/Schedule: **F3XN**

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

\*\*\*\*\*