

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 07 01 2009 through 09 30 2009

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 10 13 2009

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)

A. Form/Schedule : **F3XN**

Transaction ID :

NO SCHEDULE B OR E IS NEEDED. NO EXPENSES OF THE MAJORITY PAC FOR 9/30/09 PERIOD WERE DEDUCTIBLE FROM ANY CAMPAIGN COMMITTEE. THE ONLY EXPENSES WERE FOR ACTUAL CONTRIBUTIONS TO THE SPECIFIC CANDIDATES DENOTED IN THE REPORT AS POLITICAL CONTRIBUTIONS.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MAJORITY PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		62287.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	114420.70									
(c) Total Receipts (from Line 19)	24000.00	136000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	138420.70	198287.36								
7. Total Disbursements (from Line 31)	28803.32	88669.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	109617.38	109617.38								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
MAJORITY PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5500.00	50000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5500.00	50000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	17500.00	85000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23000.00	135000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
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))	24000.00	136000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24000.00	136000.00

DETAILED SUMMARY PAGE

of Disbursements

5 / 28

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	18803.32	55619.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	18803.32	55619.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	32000.00
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	1050.00
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))..	28803.32	88669.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28803.32	88669.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	23000.00	135000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23000.00	135000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18803.32	55619.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18803.32	55619.98

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

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

FOR LINE NUMBER: PAGE 7 / 28
(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 H. Gray, III

Mailing Address 5256 Fisher Island Drive

City State Zip Code
Miami Beach FL 33109-0274

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

Name of Employer Occupation
The Amani Group Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: SA11AI.6343

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Debra L. Tekavec

Mailing Address 3607 16th St S

City State Zip Code
Arlington VA 22204

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

Name of Employer Occupation
Carnegie Mellon Govt Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.6344

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 5500.00

TOTAL This Period (last page this line number only) ► 5500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28
(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)
DAY & ZIMMERMANN INC FEDERAL PAC (AKA 'DAYPAC - FEDERAL')

Mailing Address 1500 Spring Garden Street

City Philadelphia State PA Zip Code 19130

FEC ID number of contributing federal political committee. **C** C00341271

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 02 / 2009
Transaction ID: SA11C.6337
 Amount of Each Receipt this Period: 5000.00
 Contributor

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Mailing Address 25 LOUISIANA AVENUE NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C70001979

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 08 / 27 / 2009
Transaction ID: SA11C.6346
 Amount of Each Receipt this Period: 2500.00
 Contributor

C. Full Name (Last, First, Middle Initial)
SAIC VOLUNTARY POLITICAL ACTION COMMITTEE

Mailing Address 10260 CAMPUS POINT DRIVE F2

City SAN DIEGO State CA Zip Code 92121

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: SA11C.6340
 Amount of Each Receipt this Period: 5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 12500.00

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 9 / 28
	(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) TEXTRON INC. POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 40 WESTMINSTER STREET		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	PROVIDENCE	RI	02903
	FEC ID number of contributing federal political committee.		<input type="text" value="C00123612"/>
Name of Employer		Occupation	Transaction ID: SA11C.6339 Amount of Each Receipt this Period <input type="text" value="5000.00"/> Contribution
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"/>	

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="17500.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) LORI EDWARDS CAMPAIGN COMMITTEE	Date of Receipt
	Mailing Address PO BOX 280	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City State Zip Code EAGLE LAKE FL 33839	Transaction ID: SA16.6352
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00459776"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation	Refund Contribution
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

<input 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.6305 Date of Disbursement 07 / 16 / 2009
	Mailing Address 5020 Ash Grove Road	Amount of Each Disbursement this Period 104.80
	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.6322 Date of Disbursement 08 / 18 / 2009
	Mailing Address 5020 Ash Grove Road	Amount of Each Disbursement this Period 104.80
	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.6331 Date of Disbursement 09 / 16 / 2009
	Mailing Address 5020 Ash Grove Road	Amount of Each Disbursement this Period 104.80
	City Springfield State IL Zip Code 62711-6329	
	Purpose of Disbursement Telephone 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)	314.40
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) CLARK FOR PRESIDENT INC.	Transaction ID: SB21B.6299 Date of Disbursement 07 / 07 / 2009	
	Mailing Address WINDUP OFFICE 116 OTTENHEIMER PLAZA		
	City LITTLE ROCK State AR Zip Code 72201	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Debt Reduction	011 Category/ Type	
	Candidate Name WESLEY K CLARK		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Credit Card Dept	Transaction ID: SB21B.6303 Date of Disbursement 07 / 15 / 2009	
	Mailing Address First Commonwealth Bank PO Box 0537		
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period 133.73	
	Purpose of Disbursement See Detail	001 Category/ Type	
	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) ▼	
C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6303.0 Date of Disbursement 07 / 15 / 2009	
	Mailing Address 3535 Peachtree Rd NE		
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 18.00	
	Purpose of Disbursement Freight	[MEMO ITEM]	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

2133.73

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

<p>A. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address 3535 Peachtree Rd NE</p> <p>City Atlanta State GA Zip Code 30318</p> <p>Purpose of Disbursement Freight</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.6303.1</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.00"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address 3535 Peachtree Rd NE</p> <p>City Atlanta State GA Zip Code 30318</p> <p>Purpose of Disbursement Freight</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.6303.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.73"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address 3535 Peachtree Rd NE</p> <p>City Atlanta State GA Zip Code 30318</p> <p>Purpose of Disbursement Freight</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.6303.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.00"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
UPS

Mailing Address 3535 Peachtree Rd NE

City Atlanta State GA Zip Code 30318

Purpose of Disbursement Freight

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.6303.4
Date of Disbursement 07 / 15 / 2009

Amount of Each Disbursement this Period 18.00

[MEMO ITEM]

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

Mailing Address First Commonwealth Bank
PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement See Detail

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.6315
Date of Disbursement 08 / 12 / 2009

Amount of Each Disbursement this Period 116.46

001
Category/Type

C. 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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.6315.0
Date of Disbursement 08 / 12 / 2009

Amount of Each Disbursement this Period 18.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 116.46

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.6315.1
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 08 / 12 / 2009
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 18.00
	Purpose of Disbursement Freight	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6315.2
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 08 / 12 / 2009
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 62.46
	Purpose of Disbursement Freight	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6315.3
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 08 / 12 / 2009
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 18.00
	Purpose of Disbursement Freight	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

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

Mailing Address First Commonwealth Bank
PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement See Detail

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.6328
Date of Disbursement 09 / 10 / 2009

Amount of Each Disbursement this Period 136.39

Category/Type 001

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.6328.0
Date of Disbursement 09 / 10 / 2009

Amount of Each Disbursement this Period 18.00

Category/Type

[MEMO ITEM]

C. 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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.6328.1
Date of Disbursement 09 / 10 / 2009

Amount of Each Disbursement this Period 18.00

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 136.39

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) UPS	Transaction ID: SB21B.6328.2 Date of Disbursement 09 / 10 / 2009
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 18.00
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6328.3 Date of Disbursement 09 / 10 / 2009
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 64.39
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6328.4 Date of Disbursement 09 / 10 / 2009
	Mailing Address 3535 Peachtree Rd NE	Amount of Each Disbursement this Period 18.00
	City Atlanta State GA Zip Code 30318	
	Purpose of Disbursement Freight	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Dr ISP Mailing Address C/O Digital Razor PO Box 369 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.6307 Date of Disbursement 07 / 29 / 2009 Amount of Each Disbursement this Period 34.90 001 Category/Type
B.	Full Name (Last, First, Middle Initial) Dr ISP Mailing Address C/O Digital Razor PO Box 369 City Indiana State PA Zip Code 15701 Purpose of Disbursement Office 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.6316 Date of Disbursement 08 / 12 / 2009 Amount of Each Disbursement this Period 34.90 Category/Type
C.	Full Name (Last, First, Middle Initial) Dr ISP Mailing Address C/O Digital Razor PO Box 369 City Indiana State PA Zip Code 15701 Purpose of Disbursement Office 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.6329 Date of Disbursement 09 / 10 / 2009 Amount of Each Disbursement this Period 34.90 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	104.70
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 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.6319 Date of Disbursement 07 / 03 / 2009 Amount of Each Disbursement this Period 86.26 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Franklin Street Office 217 Franklin St City Johnstown State PA Zip Code 15901 Purpose of Disbursement Office 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.6321 Date of Disbursement 07 / 27 / 2009 Amount of Each Disbursement this Period 31.74 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Franklin Street Office 217 Franklin St City Johnstown State PA Zip Code 15901 Purpose of Disbursement 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.6348 Date of Disbursement 08 / 03 / 2009 Amount of Each Disbursement this Period 9.95 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	127.95
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 Commonwealth Bank Mailing Address Franklin Street Office 217 Franklin St City Johnstown State PA Zip Code 15901 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.6350 Date of Disbursement 08 / 25 / 2009 Amount of Each Disbursement this Period 31.74	
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 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.6371 Date of Disbursement 09 / 30 / 2009 Amount of Each Disbursement this Period 9.95	
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 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.6373 Date of Disbursement 09 / 30 / 2009 Amount of Each Disbursement this Period 31.74	

SUBTOTAL of Disbursements This Page (optional) ▶	73.43
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) Theresa Lehman	Transaction ID: SB21B.6304 Date of Disbursement 07 / 15 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 230.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Consulting Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6317 Date of Disbursement 08 / 12 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 250.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Consulting Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6324 Date of Disbursement 08 / 26 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 150.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Consulting Services 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)	630.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6325 Date of Disbursement 09 / 09 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 40.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Consulting Services 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) ▼

B.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6334 Date of Disbursement 09 / 23 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 120.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Consulting Service Candidate Name	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC	Transaction ID: SB21B.6302 Date of Disbursement 07 / 15 / 2009
	Mailing Address 551 Main Street	Amount of Each Disbursement this Period 1400.00
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Accounting Services Candidate Name	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1560.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC	Transaction ID: SB21B.6332 Date of Disbursement																			
	Mailing Address 551 Main 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>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	0	9												
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Accounting Service Candidate Name	<table border="1"><tr><td>600.00</td></tr></table>	600.00																		
600.00																					
	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) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC	Transaction ID: SB21B.6351 Date of Disbursement																			
	Mailing Address 551 Main 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>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Accounting Services Candidate Name	<table border="1"><tr><td>300.00</td></tr></table>	300.00																		
300.00																					
	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) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates	Transaction ID: SB21B.6301 Date of Disbursement																			
	Mailing Address 5910 Gloster 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>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	9												
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consulting Services Candidate Name	<table border="1"><tr><td>3847.55</td></tr></table>	3847.55																		
3847.55																					
	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) ▼																			
		003 Category/Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4747.55</td></tr></table>	4747.55
4747.55		
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) Susan O'Neill & Associates	Transaction ID: SB21B.6318 Date of Disbursement
	Mailing Address 5910 Gloster Road	<input type="text" value="08"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services Candidate Name	<input type="text" value="2850.00"/>
	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.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates	Transaction ID: SB21B.6330 Date of Disbursement
	Mailing Address 5910 Gloster Road	<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Bethesda State MD Zip Code 20816	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services Candidate Name	<input type="text" value="2350.00"/>
	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) ▼	

C.	Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society	Transaction ID: SB21B.6333 Date of Disbursement
	Mailing Address 200 Maryland Avenue NE	<input type="text" value="09"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002-5796	Amount of Each Disbursement this Period
	Purpose of Disbursement Gifts Candidate Name	<input type="text" value="1644.95"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="007"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6844.95"/>
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 646</p> <p>City Baltimore State MD Zip Code 21265-0646</p> <p>Purpose of Disbursement Telephone _____</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.6308</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="304.71"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 646</p> <p>City Baltimore State MD Zip Code 21265-0646</p> <p>Purpose of Disbursement Telephone Verizon</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.6327</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="152.58"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 646</p> <p>City Baltimore State MD Zip Code 21265-0646</p> <p>Purpose of Disbursement Telephone _____</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.6370</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="182.62"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="639.91"/>
TOTAL This Period (last page this line number only)	<input type="text" value="18779.47"/>

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)
COMMITTEE TO RE-ELECT LORETTA SANCHEZ

Transaction ID: SB23.6310

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	9

Mailing Address 1212 S. Victory Blvd.
Suite 211

Amount of Each Disbursement this Period

2000.00

City BURBANK State CA Zip Code 91502

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
LORETTA SANCHEZ

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 47

B.

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

Transaction ID: SB23.6368

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Mailing Address PO BOX 62

Amount of Each Disbursement this Period

1000.00

City EVANSVILLE State IN Zip Code 47708

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
BRAD ELLSWORTH

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 08

C.

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

Transaction ID: SB23.6369

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Mailing Address PO BOX 3016

Amount of Each Disbursement this Period

2000.00

City ALLIANCE State OH Zip Code 44601

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
JOHN A BOCCIERI

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 16

SUBTOTAL of Disbursements This Page (optional)

5000.00

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 28 / 28

<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) SANFORD D. BISHOP JR. FOR CONGRESS		Transaction ID: SB23.6326	
	Mailing Address P. O. Box 909		Date of Disbursement 09 / 10 / 2009	
	City Columbus	State GA	Zip Code 31902	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution		011	
	Candidate Name SANFORD D JR. BISHOP		Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: GA	District: 02		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	10000.00