

A. Form/Schedule : **F3XN**

Transaction ID :

NO SCHEDULE B OR E IS NEEDED. NO EXPENSES OF THE MAJORITY PAC FOR 12/31/09 PERIOD WERE FOR
POLITICAL CAMPAIGN COMMITTEE. THE ONLY EXPENSES WERE FOR ACTUAL CONTRIBUTIONS MADE TO A SPECIFIC
AND DENOTED IN THE REPORT AS A POLITICAL CONTRIBUTION

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MAJORITY PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

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"><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	109617.38									
(c) Total Receipts (from Line 19)	43750.00	179750.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	153367.38	242037.36								
7. Total Disbursements (from Line 31)	33227.15	121897.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	120140.23	120140.23								
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:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	17250.00	67250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17250.00	67250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	26500.00	111500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	43750.00	178750.00
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	0.00	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))	43750.00	179750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43750.00	179750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	17227.15	72847.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17227.15	72847.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	43000.00
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.....	5000.00	6050.00
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))..	33227.15	121897.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33227.15	121897.13

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)	43750.00	178750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43750.00	178750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17227.15	72847.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17227.15	72847.13

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) William J. Boyle		Date of Receipt
	Mailing Address 2809 Central Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Alexandria	VA	22302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6439
Name of Employer Fibergate Inc		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 2000.00	Contribution

B.	Full Name (Last, First, Middle Initial) Marshall A. Brachman		Date of Receipt
	Mailing Address 634 A St NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6440
Name of Employer Self Employed		Occupation Lobbyist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	Contribution

C.	Full Name (Last, First, Middle Initial) L.M. Brown, Jr		Date of Receipt
	Mailing Address 4801 Maury lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Alexandria	VA	22304
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6441
Name of Employer ProLogic		Occupation Corp. Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 2000.00	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
TOTAL 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 8 / 40
(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)
Martha L. Casey

Mailing Address 1310 19th Street NW

City Washington State DC Zip Code 20036

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

Name of Employer O'Neill Athy Casey Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 15 / 2009

Transaction ID: SA11AI.6442

Amount of Each Receipt this Period 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Gerald Cassidy

Mailing Address 700 13th Street, NW #400

City Washington State DC Zip Code 20005

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

Name of Employer Cassidy & Assoc Occupation Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 15 / 2009

Transaction ID: SA11AI.6435

Amount of Each Receipt this Period 1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Kaylene Green

Mailing Address PO Box 15188

City Arlington State VA Zip Code 22215-0188

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

Name of Employer Flagship Govt Relations Occupation Govt Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2009

Transaction ID: SA11AI.6443

Amount of Each Receipt this Period 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 / 40
(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)
Rebecca L. Halkias

Mailing Address 101 Constitution Ave NW
#900

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
C2 Group LLC Lawyer & Lobbyist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6445

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 4801 Maury Lane

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
Autometric Inc Dir of Human Res.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6446

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Scott A. Harshman

Mailing Address 217 Murdock Way

City State Zip Code
Greensburg PA 15601

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

Name of Employer Occupation
GSP Consulting Corp Consultant

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6447

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 10 / 40
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial)
Walter J. Keller, III

Mailing Address 103 Firwood Drive

City State Zip Code
Bridgeville PA 15017

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

Name of Employer Occupation
Nokomis, Inc CEO & President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6436

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Jean M. Kitonis

Mailing Address 9760 Tico Lane

City State Zip Code
Bristow VA 20136

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

Name of Employer Occupation
Progeny Systems Corp CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6448

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Walter P. Kitonis

Mailing Address 9760 Tico Lane

City State Zip Code
Bristow VA 20136

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

Name of Employer Occupation
Progeny Systems Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6449

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 11 / 40
(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"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial)
Colette Marchesini

Mailing Address 1202 Walter St SE

City Washington State DC Zip Code 20003

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

Name of Employer GSP Consulting Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2009

Transaction ID: SA11AI.6437

Amount of Each Receipt this Period 500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Charlie McBride

Mailing Address 1702 19th Street, NW

City Washington State DC Zip Code 20009

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

Name of Employer Capital Tech Group Inc Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2009

Transaction ID: SA11AI.6450

Amount of Each Receipt this Period 500.00

Contribution

C.

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

Mailing Address 1522 Cheltenham Ct W.

City Crownsville State MD Zip Code 21032

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

Name of Employer Production Tech Inc. Occupation Engineering Mgr/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2009

Transaction ID: SA11AI.6451

Amount of Each Receipt this Period 500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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: (check only one)	PAGE 12 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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

A.

Full Name (Last, First, Middle Initial)
David Micheletti

Mailing Address 19 Pine Parten Lane

City State Zip Code
Anaconda MT 59711

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

Name of Employer MSE Tech Applications Inc Occupation Engineer & VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.6488

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Christopher R. O'Neill

Mailing Address 1310 19th St NW

City State Zip Code
Washington DC 20036-1602

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

Name of Employer O'Neill Athy & Casey PC Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6452

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
George J. Pedersen

Mailing Address 700 Potomac Knolls Drive

City State Zip Code
McLean VA 22102-1422

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

Name of Employer ManTech Intl Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6453

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 13 / 40
(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)
Eli III Polovina

Mailing Address 715 Lincoln Avenue

City State Zip Code
Charleroi PA 15022

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

Name of Employer Occupation
Nokomis Inc Dir of Infrastructure

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6476

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
George W. Poole

Mailing Address 2350 S Arlington Ride Rd

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6454

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ► 17250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 40
(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

A. Full Name (Last, First, Middle Initial)
American Association of Orthopaedic Surgeons PAC

Mailing Address 17 Massachussetts Ave NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

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
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6490

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC)

Mailing Address 1300 North 17th Street
Suite 1400

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00281212

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
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11C.6495

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
GENERAL ATOMICS POLITICAL ACTION COMMITTEE

Mailing Address Po Box 85608

City San Diego State CA Zip Code 92186

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6492

Amount of Each Receipt this Period
2500.00

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 15 / 40
(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)
LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 1550 Crystal Drive
Suite 300

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

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
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11C.6433

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POL LEAGUE OF THE INT'L ASSN OF MACHINISTS & AEROSPACE WORKERS

Mailing Address 9000 Machinists Place

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C** C00002469

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
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6493

Amount of Each Receipt this Period
5000.00

Contribution

C. 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 ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11C.6434

Amount of Each Receipt this Period
2000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **12000.00**

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 16 / 40
(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)
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 ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11C.6496

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	26500.00

**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 17 / 40

<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.6378 Date of Disbursement
	Mailing Address 5020 Ash Grove Road	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Springfield State IL Zip Code 62711-6329	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="104.66"/>
	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) A T & T Mobility	Transaction ID: SB21B.6403 Date of Disbursement
	Mailing Address 5020 Ash Grove Road	<input type="text" value="11"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Springfield State IL Zip Code 62711-6329	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="48.16"/>
	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) A T & T Mobility	Transaction ID: SB21B.6429 Date of Disbursement
	Mailing Address 5020 Ash Grove Road	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Springfield State IL Zip Code 62711-6329	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="48.38"/>
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="201.20"/>
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

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) Credit Card Dept	Transaction ID: SB21B.6381 Date of Disbursement
	Mailing Address First Commonwealth Bank PO Box 0537	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement See Detail	<input type="text" value="132.00"/>
	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) Credit Card Dept	Transaction ID: SB21B.6381.0 Date of Disbursement
	Mailing Address First Commonwealth Bank PO Box 0537	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="15.00"/>
	Candidate Name	<input type="text" value="001"/> 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.6381.1 Date of Disbursement
	Mailing Address 3535 Peachtree Rd NE	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period
	Purpose of Disbursement Freight	<input type="text" value="18.00"/>
	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="132.00"/>
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

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.6381.2
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 10 / 20 / 2009
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 18.00
	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.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6381.3
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 10 / 20 / 2009
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 18.00
	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.6381.4
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 10 / 20 / 2009
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 18.00
	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]

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

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) Credit Card Dept	Transaction ID: SB21B.6381.5 Date of Disbursement
	Mailing Address First Commonwealth Bank PO Box 0537	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="15.00"/>
	Candidate Name	<input type="text" value="001"/> 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) Credit Card Dept	Transaction ID: SB21B.6381.6 Date of Disbursement
	Mailing Address First Commonwealth Bank PO Box 0537	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="15.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Credit Card Dept	Transaction ID: SB21B.6381.7 Date of Disbursement
	Mailing Address First Commonwealth Bank PO Box 0537	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="15.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

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) Credit Card Dept	Transaction ID: SB21B.6400 Date of Disbursement
	Mailing Address: First Commonwealth Bank PO Box 0537	<input type="text" value="11"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City: Indiana State: PA Zip Code: 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement: See Detail Candidate Name	<input type="text" value="97.67"/>
	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) UPS	Transaction ID: SB21B.6400.0 Date of Disbursement
	Mailing Address: 3535 Peachtree Rd NE	<input type="text" value="11"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City: Atlanta State: GA Zip Code: 30318	Amount of Each Disbursement this Period
	Purpose of Disbursement: Freight Candidate Name	<input type="text" value="18.00"/>
	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) ▼	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6400.1 Date of Disbursement
	Mailing Address: 3535 Peachtree Rd NE	<input type="text" value="11"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City: Atlanta State: GA Zip Code: 30318	Amount of Each Disbursement this Period
	Purpose of Disbursement: Freight Candidate Name	<input type="text" value="28.67"/>
	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) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="97.67"/>
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

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.6400.2 Date of Disbursement 11 / 17 / 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	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.6400.3 Date of Disbursement 11 / 17 / 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	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) Credit Card Dept	Transaction ID: SB21B.6400.4 Date of Disbursement 11 / 17 / 2009
	Mailing Address First Commonwealth Bank PO Box 0537	Amount of Each Disbursement this Period 15.00
	City Indiana State PA Zip Code 15701	
	Purpose of Disbursement Office Expense Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	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

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) Credit Card Dept	Transaction ID: SB21B.6422 Date of Disbursement
	Mailing Address First Commonwealth Bank PO Box 0537	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement See Detail	<input type="text" value="934.80"/>
	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) UPS	Transaction ID: SB21B.6422.0 Date of Disbursement
	Mailing Address 3535 Peachtree Rd NE	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period
	Purpose of Disbursement Freight	<input type="text" value="18.00"/>
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6422.1 Date of Disbursement
	Mailing Address 3535 Peachtree Rd NE	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period
	Purpose of Disbursement Freight	<input type="text" value="18.00"/>
	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="934.80"/>
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

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.6422.2 Date of Disbursement
	Mailing Address 3535 Peachtree Rd NE	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period
	Purpose of Disbursement Freight	<input type="text" value="18.00"/>
	Candidate Name	[MEMO ITEM]
	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) USPS	Transaction ID: SB21B.6422.3 Date of Disbursement
	Mailing Address Locust Street	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="246.40"/>
	Candidate Name	[MEMO ITEM]
	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) Westin Hotel	Transaction ID: SB21B.6422.4 Date of Disbursement
	Mailing Address 1 Old Bayshore Hwy	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Millbrae State CA Zip Code 94030	Amount of Each Disbursement this Period
	Purpose of Disbursement Fund Raiser Recpt Exp	<input type="text" value="500.00"/>
	Candidate Name	[MEMO ITEM]
	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)	<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)

PAGE 25 / 40

<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.6422.5 Date of Disbursement
	Mailing Address 3535 Peachtree Rd NE	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period
	Purpose of Disbursement Freight	<input type="text" value="119.40"/>
	Candidate Name	[MEMO ITEM]
	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) Credit Card Dept	Transaction ID: SB21B.6422.6 Date of Disbursement
	Mailing Address First Commonwealth Bank PO Box 0537	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="15.00"/>
	Candidate Name	[MEMO ITEM]
	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) Dr ISP	Transaction ID: SB21B.6380 Date of Disbursement
	Mailing Address C/O Digital Razor PO Box 369	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="34.90"/>
	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)	<input type="text" value="34.90"/>
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

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

NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Dr ISP 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.6399 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 34.90
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 Exp 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.6423 Date of Disbursement 12 / 15 / 2009	Amount of Each Disbursement this Period 34.90
C.	Full Name (Last, First, Middle Initial) Feeder Canal Building Mailing Address Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6384 Date of Disbursement 10 / 22 / 2009	Amount of Each Disbursement this Period 450.00

SUBTOTAL of Disbursements This Page (optional) ▶	519.80
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 27 / 40

<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 Building	Transaction ID: SB21B.6420 Date of Disbursement
	Mailing Address Main Street	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="450.00"/>
	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) First Commonwealth Bank	Transaction ID: SB21B.6393 Date of Disbursement
	Mailing Address Franklin Street Office 217 Franklin St	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges	<input type="text" value="44.90"/>
	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) First Commonwealth Bank	Transaction ID: SB21B.6395 Date of Disbursement
	Mailing Address Franklin Street Office 217 Franklin St	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="69.25"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="564.15"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 40

<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	Transaction ID: SB21B.6396 Date of Disbursement
	Mailing Address Franklin Street Office 217 Franklin St	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense Candidate Name	<input type="text" value="31.74"/>
	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) First Commonwealth Bank	Transaction ID: SB21B.6406 Date of Disbursement
	Mailing Address Franklin Street Office 217 Franklin St	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges Candidate Name	<input type="text" value="44.90"/>
	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) First Commonwealth Bank	Transaction ID: SB21B.6408 Date of Disbursement
	Mailing Address Franklin Street Office 217 Franklin St	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense Candidate Name	<input type="text" value="31.74"/>
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="108.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 40

<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	Transaction ID: SB21B.6478 Date of Disbursement																			
	Mailing Address Franklin Street Office 217 Franklin St	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>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	1	2		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Charges Candidate Name	<table border="1"><tr><td>44.90</td></tr></table>	44.90																		
44.90																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					

B.	Full Name (Last, First, Middle Initial) First Commonwealth Bank	Transaction ID: SB21B.6480 Date of Disbursement																			
	Mailing Address Franklin Street Office 217 Franklin St	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>8</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	1	2		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	9												
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Expense Candidate Name	<table border="1"><tr><td>10.20</td></tr></table>	10.20																		
10.20																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					

C.	Full Name (Last, First, Middle Initial) First Commonwealth Bank	Transaction ID: SB21B.6481 Date of Disbursement																			
	Mailing Address Franklin Street Office 217 Franklin St	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>8</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	1	2		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Expense Candidate Name	<table border="1"><tr><td>31.74</td></tr></table>	31.74																		
31.74																					
	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) ▼																			
		<table border="1"><tr><td> </td></tr></table> Category/ Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>86.84</td></tr></table>	86.84
86.84		
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

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	Transaction ID: SB21B.6375 Date of Disbursement 10 / 06 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 110.00
	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.6383 Date of Disbursement 10 / 20 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 100.00
	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.6391 Date of Disbursement 11 / 04 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 190.00
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	400.00
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	Transaction ID: SB21B.6404 Date of Disbursement 11 / 17 / 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	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.6409 Date of Disbursement 12 / 01 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 220.00
	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.6428 Date of Disbursement 12 / 15 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 280.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Consulting Service 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)	540.00
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	Transaction ID: SB21B.6430 Date of Disbursement
	Mailing Address 1258 Frances Street	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services Candidate Name	<input type="text" value="3000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	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.6482 Date of Disbursement
	Mailing Address 1258 Frances Street	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services Candidate Name	<input type="text" value="140.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Pa Dept of Revenue	Transaction ID: SB21B.6392 Date of Disbursement
	Mailing Address PO Box 280905	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Harrisburg State PA Zip Code 17128-0905	Amount of Each Disbursement this Period
	Purpose of Disbursement Use Tax Candidate Name	<input type="text" value="98.70"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	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="3238.70"/>
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

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) Perkins Coie LLP	Transaction ID: SB21B.6382 Date of Disbursement 10 / 20 / 2009
	Mailing Address 1201 Third Avenue Suite 4800	Amount of Each Disbursement this Period 1038.00
	City Seattle State WA Zip Code 98101-3099	
	Purpose of Disbursement Legal Fees 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) Perkins Coie LLP	Transaction ID: SB21B.6419 Date of Disbursement 12 / 08 / 2009
	Mailing Address 1201 Third Avenue Suite 4800	Amount of Each Disbursement this Period 39.00
	City Seattle State WA Zip Code 98101-3099	
	Purpose of Disbursement Legal Fees 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) Robert C. Ondick, CPA PC	Transaction ID: SB21B.6379 Date of Disbursement 10 / 20 / 2009
	Mailing Address 551 Main Street	Amount of Each Disbursement this Period 900.00
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement Accounting 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) ▼

SUBTOTAL of Disbursements This Page (optional)	1977.00
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) Robert C. Ondick, CPA PC	Transaction ID: SB21B.6398 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>1</td><td>1</td><td>/</td><td>1</td><td>0</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	1	1	/	1	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	0	/	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>820.00</td></tr></table>	820.00																		
820.00																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

B.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC	Transaction ID: SB21B.6412 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>1</td><td>2</td><td>/</td><td>0</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	1	2	/	0	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	2	/	2	0	0	9												
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Accounting Serv, Office Exp Candidate Name	<table border="1"><tr><td>168.20</td></tr></table>	168.20																		
168.20																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

C.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates	Transaction ID: SB21B.6377 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>1</td><td>0</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	1	0	/	1	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	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>1850.00</td></tr></table>	1850.00																		
1850.00																					
	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) ▼																			
		<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2838.20</td></tr></table>	2838.20
2838.20		
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

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 Mailing Address 5910 Gloster Road City Bethesda State MD Zip Code 20816 Purpose of Disbursement Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6405 Date of Disbursement 11 / 18 / 2009 Amount of Each Disbursement this Period 2350.00 Category/Type 003
B.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates Mailing Address 5910 Gloster Road City Bethesda State MD Zip Code 20816 Purpose of Disbursement Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6421 Date of Disbursement 12 / 15 / 2009 Amount of Each Disbursement this Period 2550.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Valley Printing Mailing Address 667 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Fund Raiser Recpt Exp 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.6410 Date of Disbursement 12 / 02 / 2009 Amount of Each Disbursement this Period 122.96 Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	5022.96
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 36 / 40

<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) Valley Printing	Transaction ID: SB21B.6424 Date of Disbursement
	Mailing Address 667 Main Street	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense Candidate Name	<input type="text" value="36.04"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.6397 Date of Disbursement
	Mailing Address P.O. Box 646	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Baltimore State MD Zip Code 21265-0646	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="119.53"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.6411 Date of Disbursement
	Mailing Address P.O. Box 646	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Baltimore State MD Zip Code 21265-0646	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="151.06"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="306.63"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 40

<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) Verizon			Transaction ID: SB21B.6483 Date of Disbursement																					
	Mailing Address P.O. Box 646			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</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	1	2		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	2		2	9		2	0	0	9																
	City Baltimore	State MD	Zip Code 21265-0646	Amount of Each Disbursement this Period																					
	Purpose of Disbursement Telephone			<table border="1"> <tr> <td colspan="6">152.94</td> </tr> </table>			152.94																		
152.94																									
	Candidate Name			<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type			001																		
001																									
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
	State: District:																								

SUBTOTAL of Disbursements This Page (optional)	▶	152.94
TOTAL This Period (last page this line number only)	▶	17156.17

**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 38 / 40

<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) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.6416 Date of Disbursement 12 / 03 / 2009	
	Mailing Address 430 South Capitol Street, SE 2nd Floor	
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) KEYSTONE VICTORY FUND	Transaction ID: SB23.6414 Date of Disbursement 12 / 03 / 2009	
	Mailing Address 607 14TH STREET NW SUITE 800	
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

11000.00

**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 39 / 40

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

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>A. Full Name (Last, First, Middle Initial) Salvation Army</p> <p>Mailing Address 576 Vine Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Contribution 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>Transaction ID: SB29.6487 Date of Disbursement 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) St Vincent DePaul</p> <p>Mailing Address 899 Vine Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Contribution 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>Transaction ID: SB29.6485 Date of Disbursement 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Westmoreland Co Food Bank</p> <p>Mailing Address 100 Deveonshire Dr</p> <p>City Delmont State PA Zip Code 15626-1667</p> <p>Purpose of Disbursement Contribution 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>Transaction ID: SB29.6389 Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 40 / 40

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

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)
Westmoreland Co Food Bank

Transaction ID: SB29.6401
Date of Disbursement

Mailing Address 100 Deveonshire Dr

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	0	9

City Delmont State PA Zip Code 15626-1667

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Westmoreland Co Food Bank

Transaction ID: SB29.6426
Date of Disbursement

Mailing Address 100 Deveonshire Dr

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

City Delmont State PA Zip Code 15626-1667

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

5000.00
