



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MAJORITY PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		120140.23
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	120140.23									
(c) Total Receipts (from Line 19) .....	1298.48	1298.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	121438.71	121438.71								
7. Total Disbursements (from Line 31) .....	38062.20	38062.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	83376.51	83376.51								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
MAJORITY PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	1000.00	1000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1000.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1000.00	1000.00
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) .....	250.00	250.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	48.48	48.48
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)) .....	1298.48	1298.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1298.48	1298.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	14062.20	14062.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	14062.20	14062.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
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.....	4000.00	4000.00
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))..	38062.20	38062.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38062.20	38062.20

**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) .....	1000.00	1000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1000.00	1000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14062.20	14062.20
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	250.00	250.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13812.20	13812.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 16</span>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input 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) James L. Ervin		Date of Receipt
Mailing Address 116 Queen Street		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
Alexandria	VA	22314
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6553
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer ETA Inc	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial) Credit Card Dept		Date of Receipt
Mailing Address First Commonwealth Bank PO Box 0537		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
City Indiana	State PA	Zip Code 15701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: SA16.6560
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="48.48"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="48.48"/>	Refund, Travel

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="48.48"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="48.48"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Credit Card Dept</p> <p>Mailing Address First Commonwealth Bank PO Box 0537</p> <p>City Indiana State PA Zip Code 15701</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6548 <b>Date of Disbursement</b> 01 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2695.22</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Credit Card Dept</p> <p>Mailing Address First Commonwealth Bank PO Box 0537</p> <p>City Indiana State PA Zip Code 15701</p> <p>Purpose of Disbursement See Detail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6540 <b>Date of Disbursement</b> 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 193.48</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Feeder Canal Building</p> <p>Mailing Address Main Street</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6549 <b>Date of Disbursement</b> 01 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 450.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... **3338.70**

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





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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) First Data Global Leasing	Transaction ID: SB21B.6538 Date of Disbursement
	Mailing Address 4000 Coral Ridge Drive	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Coral Ridge State FL Zip Code 33065	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense Candidate Name	<input type="text" value="219.68"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6522 Date of Disbursement
	Mailing Address 1258 Frances Street	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6526 Date of Disbursement
	Mailing Address 1258 Frances Street	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services Candidate Name	<input type="text" value="90.00"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="449.68"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6534 Date of Disbursement 03 / 10 / 2010
	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) ▼

B.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6547 Date of Disbursement 03 / 12 / 2010
	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) ▼

C.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6558 Date of Disbursement 03 / 25 / 2010
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 120.00
	City Johnstown State PA Zip Code 15904	
	Purpose of Disbursement Consulting Services Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	330.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 16

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial)  
Robert C. Ondick, CPA PC

Transaction ID: SB21B.6511  
Date of Disbursement

Mailing Address 551 Main Street

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Services  
Candidate Name

001
Category/ Type

1340.00
---------

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

B.

Full Name (Last, First, Middle Initial)  
Robert C. Ondick, CPA PC

Transaction ID: SB21B.6533  
Date of Disbursement

Mailing Address 551 Main Street

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Services  
Candidate Name

Category/ Type

605.00
--------

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

C.

Full Name (Last, First, Middle Initial)  
Robert C. Ondick, CPA PC

Transaction ID: SB21B.6543  
Date of Disbursement

Mailing Address 551 Main Street

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

City Johnstown State PA Zip Code 15901

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement Postage  
Candidate Name

001
Category/ Type

11.40
-------

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

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

1956.40
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 16

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates  Mailing Address 5910 Gloster Road  City Bethesda State MD Zip Code 20816  Purpose of Disbursement Consulting Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6515 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period  3008.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates  Mailing Address 5910 Gloster Road  City Bethesda State MD Zip Code 20816  Purpose of Disbursement Consulting Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6530 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period  2850.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address P.O. Box 646  City Baltimore State MD Zip Code 21265-0646  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6559 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period  244.35

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>6102.35</b>	
<b>TOTAL</b> This Period (last page this line number only) .....		<b>13308.87</b>	

**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 14 / 16

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>	<b>Transaction ID:</b> SB23.6500 Date of Disbursement 01 / 07 / 2010	
	Mailing Address 430 South Capitol Street, SE 2nd Floor		Amount of Each Disbursement this Period 10000.00
	City Washington State DC Zip Code 20003		
	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>B.</b>	Full Name (Last, First, Middle Initial) <b>MARK CRITZ FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.6527 Date of Disbursement 02 / 26 / 2010	
	Mailing Address 551 MAIN STREET SUITE 120		Amount of Each Disbursement this Period 5000.00
	City JOHNSTOWN State PA Zip Code 15901		
	Purpose of Disbursement Contribution Candidate Name MARK CRITZ	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MARK CRITZ FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.6531 Date of Disbursement 03 / 03 / 2010	
	Mailing Address 551 MAIN STREET SUITE 120		Amount of Each Disbursement this Period 5000.00
	City JOHNSTOWN State PA Zip Code 15901		
	Purpose of Disbursement Candidate Name MARK CRITZ	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>20000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>20000.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

<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)  
Amiercan Red Cross

Transaction ID: SB29.6507  
Date of Disbursement

Mailing Address 647 Main Street  
# 310

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

City Johnstown State PA Zip Code 15901

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)  
Panetta Institute

Transaction ID: SB29.6513  
Date of Disbursement

Mailing Address 100 Campus Ctr.

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

City Seaside State CA Zip Code 93955-8001

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:

C.

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

Transaction ID: SB29.6510  
Date of Disbursement

Mailing Address 100 Deveonshire Dr

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

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) .....

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

A.

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

Mailing Address 100 Deveonshire Dr

City Delmont State PA Zip Code 15626-1667

Purpose of Disbursement  
Contribution

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.6532

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

4000.00