

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

MAJORITY PAC

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

2. **FEC IDENTIFICATION NUMBER** C00426023

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 04 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer TREASURER ROBERT C. ONDICK

Signature of Treasurer Electronically Filed by TREASURER ROBERT C. ONDICK Date 07 08 2009

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

Office Use Only											FEC FORM 3X (Rev. 12/2004)
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A. Form/Schedule : **F3XN**

Transaction ID :

NO SCHEDULE B OR E IS NEEDED. NO EXPENSES OF THE MAJORITY PAC FOR 6/30/09 PERIOD WERE FOR
CAMPAIGN COMMITTEE. THE ONLY EXPENSES WERE FOR ACTUAL CONTRIBUTIONS THE SPECIFIC CAMPAIGN
DENOTED IN THE REPORT AS POLITICAL CONTRIBUTIONS

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MAJORITY PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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	63987.06									
(c) Total Receipts (from Line 19)	88000.00	112000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	151987.06	174287.36								
7. Total Disbursements (from Line 31)	37566.36	59866.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	114420.70	114420.70								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
MAJORITY PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	25500.00	44500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25500.00	44500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	62500.00	67500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	88000.00	112000.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	88000.00	112000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	88000.00	112000.00

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.....	20516.36	36816.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	20516.36	36816.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	22000.00
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.....	1050.00	1050.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37566.36	59866.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37566.36	59866.66

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)	88000.00	112000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88000.00	112000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20516.36	36816.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20516.36	36816.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
William J. Boyle

Mailing Address 2809 Central Avenue

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
Fibergate Inc VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.6228

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
L.M. Brown, Jr

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
ProLogic Corp. Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.6229

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Martha L. Casey

Mailing Address 1310 19th Street NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
O'Neill Athy Casey Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.6230

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 8 / 42
(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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial) Gerald Cassidy		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
Mailing Address 700 13th Street, NW #400		Transaction ID: SA11AI.6215
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cassidy & Assoc	Occupation Lobbyist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) R.W. Cowden		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
Mailing Address 11803 Eagle Ray Ln		Transaction ID: SA11AI.6231
City Orlando	State FL	Zip Code 32827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Woolpert Inc	Occupation Sr. VP	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Charles F. Feldmayer		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
Mailing Address 4309 Southwood Drive		Transaction ID: SA11AI.6247
City Alexandria	State VA	Zip Code 22309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Talley Defense Systems	Occupation Dir of Mkt & Govt Affairs	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
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 / 42
(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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial)
David H. Fyock

Mailing Address P.O. Box 5717

City State Zip Code
Johnstown PA 15904

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

Name of Employer Occupation
MountainTop Tech. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.6233

Amount of Each Receipt this Period
1000.00

Contribution

B.

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.6234

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Joseph A. III Hardy

Mailing Address 1019 Route 519

City State Zip Code
Eighty Four PA 15330

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

Name of Employer Occupation
84 Lumber Co CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.6235

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 / 42
(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
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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial) Scott A. Harshman		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
Mailing Address 217 Murdock Way		Transaction ID: SA11AI.6236
City Greensburg	State PA	Zip Code 15601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GSP Consulting Corp	Occupation Consultant	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) George C. Hoyem		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
Mailing Address 20 Knollcrest Road		Transaction ID: SA11AI.6213
City Hillsborough	State CA	Zip Code 94010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blueprint Ventures	Occupation Venture Capital	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Walter J. Keller, III		Date of Receipt MM / DD / YYYY 06 / 23 / 2009
Mailing Address 103 Firwood Drive		Transaction ID: SA11AI.6271
City Bridgeville	State PA	Zip Code 15017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Nokomis, Inc	Occupation CEO & President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 11 / 42
(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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

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 Progeny Systems Corp Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 04 / 2009
Transaction ID: SA11AI.6237
Amount of Each Receipt this Period: 1000.00
Contribution

B.

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 Progeny Systems Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 04 / 2009
Transaction ID: SA11AI.6238
Amount of Each Receipt this Period: 1000.00
Contribution

C.

Full Name (Last, First, Middle Initial)
Melissa A. Koloszar

Mailing Address 1139 N Jackson Street

City State Zip Code
Arlington VA 22201

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

Name of Employer MKG Consulting LLC Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 23 / 2009
Transaction ID: SA11AI.6282
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: (check only one)	PAGE 12 / 42
	<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	

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Sergio Magistri	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 651 Port Dr #302	Transaction ID: SA11AI.6217
	City State Zip Code San Mateo CA 96404	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Vidient Occupation Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Charlie McBride	Date of Receipt MM / DD / YYYY 06 / 23 / 2009
	Mailing Address 1702 19th Street, NW	Transaction ID: SA11AI.6283
	City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contributor
	Name of Employer Capital Tech Group Inc Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Peter Meekin	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 7 Monument Circle	Transaction ID: SA11AI.6209
	City State Zip Code Bennington VT 05201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Trident Capital Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 / 42
(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

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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 Occupation
MSE Tech Applications Inc Engineer & VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11AI.6293

Amount of Each Receipt this Period
500.00

Contribution

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 Occupation
O'Neill Athy & Casey PC Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.6239

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Frank Pao

Mailing Address 224 Greenview Drive

City State Zip Code
Daly City CA 94014

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

Name of Employer Occupation
Vident Systems CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.6211

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 14 / 42
	<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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) John W. Piasecki		Date of Receipt
	Mailing Address 1101 Wyndon 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 06 / 04 / 2009
	City	State	Zip Code
	Bryn Mawr	PA	19010
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6240
Name of Employer Piasecki Aircraft Corp		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
			Contribution

B.	Full Name (Last, First, Middle Initial) Colette M. Pollock		Date of Receipt
	Mailing Address 1202 Walter St SE		<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 06 / 04 / 2009
	City	State	Zip Code
	Washington	DC	20003-1448
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6208
Name of Employer Van Scoyoc Associates		Occupation Associate 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"/> 500.00
			Contribution

C.	Full Name (Last, First, Middle Initial) George W. Poole		Date of Receipt
	Mailing Address 2350 S Arlington Ride Rd		<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 06 / 04 / 2009
	City	State	Zip Code
	Arlington	VA	22202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6241
Name of Employer N/A		Occupation Retired	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
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
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 15 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
Thomas H. Quinn

Mailing Address 575 7th St NW

City Washington State DC Zip Code 20004-1607

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

Name of Employer Venable Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2009

Transaction ID: SA11AI.6272

Amount of Each Receipt this Period 1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Edward J. Sheehan, Jr.

Mailing Address 802 Luzerne Street

City Johnstown State PA Zip Code 15905-2349

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

Name of Employer CTC Occupation Sr VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2009

Transaction ID: SA11AI.6274

Amount of Each Receipt this Period 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Robert Shuster

Mailing Address 1320 N 30th Street

City Camp Hill State PA Zip Code 17011

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

Name of Employer Buchanan Ingersoll Rooney PC Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 04 / 2009

Transaction ID: SA11AI.6242

Amount of Each Receipt this Period 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 / 42
(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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial) Gary Stewart		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
Mailing Address 5011 Saddle Horn Trl		Transaction ID: SA11AI.6243
City Matthews	State NC	Zip Code 28104-8617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Trimble Navigation	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Vincent M. Versage		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
Mailing Address 211 Duke Street #1100		Transaction ID: SA11AI.6245
City Alexandria	State VA	Zip Code 22314-3805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The National Group LLP	Occupation Partner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Barton W. Whitman		Date of Receipt MM / DD / YYYY 06 / 23 / 2009
Mailing Address 2800 Shirlington Road #1000		Transaction ID: SA11AI.6275
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MTS Tech Inc	Occupation Sr VP	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 17 / 42	
	(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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) James L. Whitten		Date of Receipt																					
	Mailing Address 1725 DeSales St NW Ste 800		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	4		2	0	0	9														
	City	State	Zip Code		Transaction ID: SA11AI.6246																			
	Washington	DC	20036																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Whitten & Diamond		Occupation Attorney at Law		<input type="text" value="1000.00"/>																				
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"/>		Contribution																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="25500.00"/>

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

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

FOR LINE NUMBER: PAGE 18 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
ADVANCED ACOUSTIC CONCEPTS INC POLITICAL ACTION COMMITTEE

Mailing Address 425 OSER AVENUE

City State Zip Code
HAUPPAUGE NY 11788

FEC ID number of contributing federal political committee. **C** C00366385

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
 0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11C.6221

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City State Zip Code
Dania Beach FL 33004

FEC ID number of contributing federal political committee. **C** C00027532

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
 0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11C.6226

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
BABCOCK & WILCOX COMPANIES POLITICAL ACTION COMMITTEE (B&W PAC), THE

Mailing Address 2016 Mt. Athos Road

City State Zip Code
Lynchburg VA 24504

FEC ID number of contributing federal political committee. **C** C00365502

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
 0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11C.6284

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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 19 / 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 5 Sylvan Way SUITE 500	Transaction ID: SA11C.6264
	City Parsippany State NJ Zip Code 07054	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00275123	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

B.	Full Name (Last, First, Middle Initial) EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 520 S. GRAND AVE. STE. 700	Transaction ID: SA11C.6263
	City LOS ANGELES State CA Zip Code 90071	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00088591	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

C.	Full Name (Last, First, Middle Initial) ENPRO INDUSTRIES INC POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 06 / 23 / 2009
	Mailing Address 5605 CARNEGIE BLVD SUITE 500	Transaction ID: SA11C.6266
	City CHARLOTTE State NC Zip Code 28209	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00379784	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	11000.00
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 20 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)

Mailing Address 2941 Fairview Park Dr.
Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11C.6222

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 Pennsylvania Ave NW
Ste 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11C.6296

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL & REINFORCING IRON WORKERS (IBEW)

Mailing Address 1750 New York Ave. NW
Suite 400

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00027359

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
 0 6 / 2 3 / 2 0 0 9

Transaction ID: SA11C.6279

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

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

Mailing Address 12015 Lee Jackson Highway
Suite 128

City State Zip Code
Fairfax VA 22033

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	9

Transaction ID: SA11C.6223

Amount of Each Receipt this Period
1000.00

Contributor

B. Full Name (Last, First, Middle Initial)
PROLOGIC INC PAC

Mailing Address 1000 TECHNOLOGY DRIVE
SUITE 3140

City State Zip Code
FAIRMONT WV 26554

FEC ID number of contributing federal political committee. **C** C00369835

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
0	6	/	0	4	/	2	0	0	9

Transaction ID: SA11C.6224

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard
Suite 1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

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
0	6	/	0	4	/	2	0	0	9

Transaction ID: SA11C.6225

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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 22 / 42

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

Mailing Address 1750 NEW YORK AVE NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70001136

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
0	5	/	2	1	/	2	0	0	9

Transaction ID: SA11C.6295

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
SPECTRUM GROUP POLITICAL ACTION COMMITTEE (SPECAPAC)

Mailing Address 11 CANAL CENTER PLAZA SUITE 103

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00326488

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	9

Transaction ID: SA11C.6268

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 8315 LEE HIGHWAY FIFTH FLOOR

City State Zip Code
FAIRFAX VA 22031

FEC ID number of contributing federal political committee. **C** C00013342

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
0	6	/	2	3	/	2	0	0	9

Transaction ID: SA11C.6276

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
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 23 / 42	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) UNITED STATES STEEL CORPORATION PAC		Date of Receipt
	Mailing Address 600 Grant Street Room 675		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pittsburgh	PA	15219
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.6265
	C C00030676		Amount of Each Receipt this Period
Name of Employer		Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
			<input type="text" value="2500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="62500.00"/>

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 24 / 42

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) A T & T Mobility</p> <p>Mailing Address 5020 Ash Grove Road</p> <p>City Springfield State IL Zip Code 62711-6329</p> <p>Purpose of Disbursement Telephone 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: SB21B.6164</p> <p>Date of Disbursement 04 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 103.23</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) A T & T Mobility</p> <p>Mailing Address 5020 Ash Grove Road</p> <p>City Springfield State IL Zip Code 62711-6329</p> <p>Purpose of Disbursement Telephone 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: SB21B.6182</p> <p>Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 104.41</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) A T & T Mobility</p> <p>Mailing Address 5020 Ash Grove Road</p> <p>City Springfield State IL Zip Code 62711-6329</p> <p>Purpose of Disbursement Telephone 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: SB21B.6254</p> <p>Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 104.41</p>

SUBTOTAL of Disbursements This Page (optional) ▶

312.05

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Dr ISP	Transaction ID: SB21B.6253 Date of Disbursement																			
	Mailing Address C/O Digital Razor PO Box 369	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	9													
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Supplies Candidate Name	<table border="1"><tr><td>34.90</td></tr></table>	34.90																		
34.90																					
	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) ▼																			
		001 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) Feeder Canal Building	Transaction ID: SB21B.6166 Date of Disbursement																			
	Mailing Address Main Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	9													
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent Candidate Name	<table border="1"><tr><td>450.00</td></tr></table>	450.00																		
450.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) Feeder Canal Building	Transaction ID: SB21B.6180 Date of Disbursement																			
	Mailing Address Main Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	9													
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent Candidate Name	<table border="1"><tr><td>450.00</td></tr></table>	450.00																		
450.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>934.90</td></tr></table>	934.90
934.90		
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)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Feeder Canal Building	Transaction ID: SB21B.6255 Date of Disbursement
	Mailing Address Main Street	<input type="text" value="06"/> / <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 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 Comm. Bank, Credit Card Dept	Transaction ID: SB21B.6160 Date of Disbursement
	Mailing Address PO Box 0537	<input type="text" value="04"/> / <input type="text" value="16"/> / <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="105.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6160.0 Date of Disbursement
	Mailing Address 3535 Peachtree Rd NE	<input type="text" value="04"/> / <input type="text" value="16"/> / <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="555.00"/>
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)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6160.1
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement MM / DD / YYYY 04 / 16 / 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.6160.2
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement MM / DD / YYYY 04 / 16 / 2009
	City Atlanta State GA Zip Code 30318	Amount of Each Disbursement this Period 180.00
	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.6160.3
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement MM / DD / YYYY 04 / 16 / 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)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) UPS Mailing Address 3535 Peachtree Rd NE City Atlanta State GA Zip Code 30318 Purpose of Disbursement Freight 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.6160.4 Date of Disbursement 04 / 16 / 2009	Amount of Each Disbursement this Period 18.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept Mailing Address PO Box 0537 City Indiana State PA Zip Code 15701 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6160.5 Date of Disbursement 04 / 16 / 2009	Amount of Each Disbursement this Period 15.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept Mailing Address PO Box 0537 City Indiana State PA Zip Code 15701 Purpose of Disbursement See Detail 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.6178 Date of Disbursement 05 / 20 / 2009	Amount of Each Disbursement this Period 72.00

SUBTOTAL of Disbursements This Page (optional) ▶

72.00

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)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) UPS Mailing Address 3535 Peachtree Rd NE City Atlanta State GA Zip Code 30318 Purpose of Disbursement Freight 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.6178.0 Date of Disbursement 05 / 20 / 2009 Amount of Each Disbursement this Period 18.00 [MEMO ITEM]	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) UPS Mailing Address 3535 Peachtree Rd NE City Atlanta State GA Zip Code 30318 Purpose of Disbursement Freight Candidate Name Office Sought: <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.6178.1 Date of Disbursement 05 / 20 / 2009 Amount of Each Disbursement this Period 18.00 [MEMO ITEM]	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) UPS Mailing Address 3535 Peachtree Rd NE City Atlanta State GA Zip Code 30318 Purpose of Disbursement Freight Candidate Name Office Sought: <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.6178.2 Date of Disbursement 05 / 20 / 2009 Amount of Each Disbursement this Period 18.00 [MEMO ITEM]	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

<p>A. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address 3535 Peachtree Rd NE</p> <p>City Atlanta State GA Zip Code 30318</p> <p>Purpose of Disbursement Freight</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6178.3</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.00"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) First Comm. Bank, Credit Card Dept</p> <p>Mailing Address 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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6252</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.25"/></p>
<p>C. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address 3535 Peachtree Rd NE</p> <p>City Atlanta State GA Zip Code 30318</p> <p>Purpose of Disbursement Freight</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6252.0</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.25"/></p> <p>[MEMO ITEM]</p>

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.6252.1
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 06 / 23 / 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.6252.2
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 06 / 23 / 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.6252.3
	Mailing Address 3535 Peachtree Rd NE	Date of Disbursement 06 / 23 / 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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Franklin Street Office 217 Franklin St City Johnstown State PA Zip Code 15901 Purpose of Disbursement Office Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6187 Date of Disbursement 05 / 26 / 2009 Amount of Each Disbursement this Period 31.74 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Franklin Street Office 217 Franklin St City Johnstown State PA Zip Code 15901 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6289 Date of Disbursement 06 / 03 / 2009 Amount of Each Disbursement this Period 9.95 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) First Commonwealth Bank Mailing Address Franklin Street Office 217 Franklin St City Johnstown State PA Zip Code 15901 Purpose of Disbursement 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.6291 Date of Disbursement 06 / 25 / 2009 Amount of Each Disbursement this Period 31.74 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	73.43
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Theresa Lehman	Transaction ID: SB21B.6152 Date of Disbursement 04 / 08 / 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.6165 Date of Disbursement 04 / 22 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 80.00
	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.6175 Date of Disbursement 05 / 06 / 2009
	Mailing Address 1258 Frances Street	Amount of Each Disbursement this Period 80.00
	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)	200.00
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 34 / 42

<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.6183 Date of Disbursement 05 / 20 / 2009
	Mailing Address 1258 Frances Street	
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period 40.00
	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.6196 Date of Disbursement 06 / 03 / 2009
	Mailing Address 1258 Frances Street	
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period 120.00
	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.6195 Date of Disbursement 06 / 18 / 2009
	Mailing Address 1258 Frances Street	
	City Johnstown State PA Zip Code 15904	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Consulting Service 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)	200.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Theresa Lehman Mailing Address 1258 Frances Street City Johnstown State PA Zip Code 15904 Purpose of Disbursement Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6288 Date of Disbursement 06 / 30 / 2009 Amount of Each Disbursement this Period 80.00 Category/Type 001
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street S.E. City Washington State DC Zip Code 20003-4071 Purpose of Disbursement Fund Raiser Recept 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.6190 Date of Disbursement 06 / 18 / 2009 Amount of Each Disbursement this Period 2064.98 Category/Type 003
C.	Full Name (Last, First, Middle Initial) Pa Dept of Revenue Mailing Address PO Box 280905 City Harrisburg State PA Zip Code 17128-0905 Purpose of Disbursement Use Tax 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.6163 Date of Disbursement 04 / 20 / 2009 Amount of Each Disbursement this Period 121.20 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

2266.18

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC Mailing Address 551 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Accounting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6177 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 1200.00
B.	Full Name (Last, First, Middle Initial) Robert C. Ondick, CPA PC Mailing Address 551 Main Street City Johnstown State PA Zip Code 15901 Purpose of Disbursement Accounting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6251 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) Susan O'Neill & Associates Mailing Address 5910 Gloster Road City Bethesda State MD Zip Code 20816 Purpose of Disbursement 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.6176 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period 4354.00

SUBTOTAL of Disbursements This Page (optional)	5854.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) 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.6159 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 2350.00
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 Fund Raiser Recept 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.6189 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 6797.05
C.	Full Name (Last, First, Middle Initial) UPS Mailing Address 3535 Peachtree Rd NE City Atlanta State GA Zip Code 30318 Purpose of Disbursement Freight Candidate Name Office Sought: <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.6169 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 14.85

SUBTOTAL of Disbursements This Page (optional) ▶	9161.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) UPS Mailing Address 3535 Peachtree Rd NE City Atlanta State GA Zip Code 30318 Purpose of Disbursement Freight 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.6184 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 14.85
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 646 City Baltimore State MD Zip Code 21265-0646 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6150 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 117.81
C.	Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 646 City Baltimore State MD Zip Code 21265-0646 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6173 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 150.42

SUBTOTAL of Disbursements This Page (optional) ▶

283.08

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: SB21B.6188

Date of Disbursement

Mailing Address P.O. Box 646

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	9

City Baltimore State MD Zip Code 21265-0646

Amount of Each Disbursement this Period

150.35

Purpose of Disbursement
Telephone

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

150.35

TOTAL This Period (last page this line number only)

20178.14

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.6154 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9	
	Mailing Address 430 South Capitol Street, SE 2nd Floor		Amount of Each Disbursement this Period 5000.00
	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.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.6286 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9	
	Mailing Address 100 WEST LAWRENCE STREET		Amount of Each Disbursement this Period 2500.00
	City APPLETON State WI Zip Code 54911		
	Purpose of Disbursement Contribution Candidate Name STEVEN L KAGEN	011 Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) KILPATRICK FOR UNITED STATES CONGRESS	Transaction ID: SB23.6285 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9	
	Mailing Address PO BOX 32175		Amount of Each Disbursement this Period 5000.00
	City DETROIT State MI Zip Code 48232		
	Purpose of Disbursement Contribution Candidate Name CAROLYN MS. KILPATRICK	011 Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	12500.00
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)

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

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NAME OF COMMITTEE (In Full)
MAJORITY PAC

A.

Full Name (Last, First, Middle Initial)
LORI EDWARDS CAMPAIGN COMMITTEE

Transaction ID: SB23.6256

Date of Disbursement

Mailing Address PO BOX 280

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	9

City EAGLE LAKE State FL Zip Code 33839

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
LORI EDWARDS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: FL District: 12

B.

Full Name (Last, First, Middle Initial)
STEVE COHEN FOR CONGRESS

Transaction ID: SB23.6192

Date of Disbursement

Mailing Address 349 KENILWORTH

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	9

City MEMPHIS State TN Zip Code 38112

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
STEVE I COHEN

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TN District: 09

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

16000.00

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)

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<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)
Ann Eppard Congl Internship Mem Fd

Mailing Address P.O. Box 600

City Loretto State PA Zip Code 15940

Purpose of Disbursement
Contribution

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6161

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
U.S. Capitol Historical Society

Mailing Address 200 Maryland Avenue NE

City Washington State DC Zip Code 20002-5796

Purpose of Disbursement
Contribution

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6168

Date of Disbursement

04 / 23 / 2009

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

1050.00