

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
I.P.H.F.H.A. INC. POLITICAL ACTION COMMITTEE INC.

**A. MAJORITY COMMITTEE PAC--MC PAC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: SB23.7235

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

**B. MARCO RUBIO FOR US SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

011  
Category/  
Type

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

State: FL District: 00

Transaction ID: SB23.7297

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

3000.00

**C. MARTHA ROBY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

011  
Category/  
Type

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

State: AL District: 02

Transaction ID: SB23.7260

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

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

5000.00

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