

**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 9 OF 11

<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)

**FEMINIST MAJORITY PAC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**A. TERRI SEWELL FOR CONGRESS**

**04 ' 23 ' 2010**

Mailing Address

**P.O. BOX 1964**

City **BIRMINGHAM, AL** State **AL** Zip Code **35201**

Purpose of Disbursement  
**CONTRIBUTION**

**011**

Amount of Each Disbursement this Period

**1,000.00**

Candidate Name

**TERRI SEWELL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: **AL** District: **7**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**B. KAREN BASS FOR CONGRESS**

**04 ' 23 ' 2010**

Mailing Address

**1280 BISON AVE., STE B9-585**

City **NEWPORT BEACH, CA** State **CA** Zip Code **92660**

Purpose of Disbursement  
**CONTRIBUTION**

**011**

Amount of Each Disbursement this Period

**1,000.00**

Candidate Name

**KAREN BASS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: **CA** District: **33**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C. THE ELAINE MARSHALL COMMITTEE**

**04 ' 23 ' 2010**

Mailing Address

**324 S. WILMINGTON ST., NO. 24**

City **RALEIGH, NC** State **NC** Zip Code **27601**

Purpose of Disbursement  
**CONTRIBUTION**

**011**

Amount of Each Disbursement this Period

**1,000.00**

Candidate Name

**ELAINE MARSHALL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: **NC** District:

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

**3,000.00**

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

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