

**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)
Southern Company Employees PAC

Full Name (Last, First, Middle Initial)

A. Majority Committee PAC

Mailing Address PO Box 10134
Attn: Conni Brunni, Treasurer

City Bakersfield State CA Zip Code 93389-0134

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 08 / 2012

Transaction ID : 6163840

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Thoroughbred PAC

Mailing Address P.O. Box 65116

City Washington State DC Zip Code 20035

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 08 / 2012

Transaction ID : 6163841

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Cmte

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 08 / 2012

Transaction ID : 6163842

Amount of Each Disbursement this Period

Direct Contribution

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

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