

# 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  
SUIE 220  
 Check if different than previously reported. (ACC)  
JOHNSTOWN PA 15901

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

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) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2006 through 09 30 2006

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 11 06 2006

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							
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MAJORITY PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	6									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">256102.00</td></tr></table>	256102.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">256102.00</td></tr></table>	256102.00								
256102.00												
256102.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">256102.00</td></tr></table>	256102.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">256102.00</td></tr></table>	256102.00								
256102.00												
256102.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">205862.08</td></tr></table>	205862.08	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">205862.08</td></tr></table>	205862.08								
205862.08												
205862.08												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">50239.92</td></tr></table>	50239.92	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">50239.92</td></tr></table>	50239.92								
50239.92												
50239.92												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
MAJORITY PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	130950.00	130950.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	50.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	131000.00	131000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	125000.00	125000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	256000.00	256000.00
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) .....	102.00	102.00
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)) .....	256102.00	256102.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	256102.00	256102.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	100862.08	100862.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	100862.08	100862.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	92000.00	92000.00
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.....	13000.00	13000.00
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))..	205862.08	205862.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	205862.08	205862.08

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	256000.00	256000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	256000.00	256000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	100862.08	100862.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	102.00	102.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	100760.08	100760.08

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 81
	<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	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Terry D. Bevels		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 1626 Hunting Creek Dr		Transaction ID: SA11A1.4154
City Alexandria	State VA	Zip Code 22314-6222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert A. Borski		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 4015 Fidler Street		Transaction ID: SA11A1.4251
City Philadelphia	State PA	Zip Code 19114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Borski Associates	Occupation Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> JoAnne Boyle		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2006
Mailing Address Baywood Road Box 400		Transaction ID: SA11A1.4240
City Laughlintown	State PA	Zip Code 15655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Seton Hill University	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> William J. Boyle		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 2809 Central Avenue		Transaction ID: SA11A1.4125
City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Fibergate Inc VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Marshall A. Brachman		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 634 A St NE		Transaction ID: SA11A1.4152
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self Employed Lobbyist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Marshall A. Brachman		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 634 A St NE		Transaction ID: SA11A1.4456
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self Employed Lobbyist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. Thomas Brady</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 100 Charles River Plaza Suite 400		<b>Transaction ID: SA11A1.4224</b>
City Boston State MA Zip Code 02114	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Partners Health Care Occupation MD, CIMIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy J. Bromelkamp</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 333 Helen Street		<b>Transaction ID: SA11A1.4159</b>
City Alexandria State VA Zip Code 22305	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer KSA Consultants Occupation VP Legislative Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. L.M. Brown, Jr</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 4801 Maury lane		<b>Transaction ID: SA11A1.4127</b>
City Alexandria State VA Zip Code 22304	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer ProLogic Occupation Corp. Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. Martha L. Casey</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 1310 19th Street NW		Transaction ID: SA11A1.4161
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer O'Neill Athy Casey	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Loretta P. Cassidy</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2006
Mailing Address 700 13th Street NW Suite 400		Transaction ID: SA11A1.4238
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. William Coyle</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 09 / 2006
Mailing Address 201 Melvin Street		Transaction ID: SA11A1.4287
City State Zip Code Johnstown PA 15904	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CTC	Occupation Facilites Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. Janice Crosby</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 27 Martin Drive		<b>Transaction ID: SA11A1.4228</b>
City Sudbury	State MA	Zip Code 01776
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Partners Healthcare	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel R. Cunningham</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 7806 Creekside View Lane		<b>Transaction ID: SA11A1.4129</b>
City Springfield	State VA	Zip Code 22153
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer The PMA Group	Occupation Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. David R. Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2006
Mailing Address 130 Gayview Terrace		<b>Transaction ID: SA11A1.4242</b>
City Johnstown	State PA	Zip Code 15905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer MountainTop Tech Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. Daniel R. Devos</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 121 Point Circle Drive		<b>Transaction ID: SA11A1.4163</b>	
City State Zip Code Central City PA 15926	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CTC	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Joseph K. Dowley</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 8417 Martindale Drive		<b>Transaction ID: SA11A1.4255</b>	
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer McKenna, Long & Aldridge	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. James B. Ellis, II</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 2202 Foxboro Place NW		<b>Transaction ID: SA11A1.4281</b>	
City State Zip Code Washington DC 20007-1121	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blank Rome LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 81
	<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)  
James L. Ervin

Mailing Address 116 Queen Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
ETA Inc President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2006

Transaction ID: SA11A1.4277

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Charles F. Feldmayer

Mailing Address 4309 Southwood Drive

City State Zip Code  
Alexandria VA 22309

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

Name of Employer Occupation  
Talley Defense Systems Dir of Mkt & Govt Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2006

Transaction ID: SA11A1.4273

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Julia Giardina

Mailing Address 4500 28th Rd S Unit D

City State Zip Code  
Arlington VA 22206

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

Name of Employer Occupation  
The PMA Group Govt Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

Transaction ID: SA11A1.4131

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> Rebecca L. Halkias		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 317 C. Street NE		<b>Transaction ID:</b> SA11A1.4165	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer C2 Group LLC	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Rebecca L. Halkias		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 317 C. Street NE		<b>Transaction ID:</b> SA11A1.4457	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer C2 Group LLC	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Gerald T. Harrington		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 209 Blackberry Hill Drive		<b>Transaction ID:</b> SA11A1.4450	
City State Zip Code S Kingstown RI 02879	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capitol City Group LTD	Occupation Lobbyist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Scott A. Harshman		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 217 Murdock Way		Transaction ID: SA11A1.4167
City Greensburg	State PA	Zip Code 15601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer GSP Consulting Corp	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James C. Healey, Jr.		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 1801 K Street NW Ste 901 L		Transaction ID: SA11A1.4169
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer BKSH & Associates	Occupation Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Capt. Stephen J. Hollis, USN		Date of Receipt MM / DD / YYYY 08 / 09 / 2006
Mailing Address 8318 Cathedral Forest Dr		Transaction ID: SA11A1.4283
City Fairfax Station	State VA	Zip Code 22039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Sabeus Inc	Occupation Executive VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jill Yacone Hopper		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 8 Alexandria		Transaction ID: SA11A1.4222	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SRA Intl Inc	Occupation VP Govt Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Hytner		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 3924 Cobbler Mountain Rd		Transaction ID: SA11A1.4171	
City State Zip Code Delaplane VA 20144	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BKSH & Associates	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> F. Nicholas Jacobs		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 2767 Carpenter Park Road		Transaction ID: SA11A1.4173	
City State Zip Code Davidsville PA 15928	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Windber Medl Center	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 81
	<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)  
Nicholas E. Karangelen

Mailing Address 3100 N. Nelson Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Trident Systems Inc President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: SA11A1.4175

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Walter J. Keller, III

Mailing Address 103 Firwood Drive

City State Zip Code  
Bridgeville PA 15017

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

Name of Employer Occupation  
Nokomis, Inc CEO & President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2006

Transaction ID: SA11A1.4244

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Shoun T. Kerbaugh

Mailing Address 428 Pine Valley Drive

City State Zip Code  
Bridgeville PA 15017

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

Name of Employer Occupation  
Converteam Inc President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.4100

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 81
	<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)  
Collen M. Kigin

Mailing Address 53 Dale Street

City State Zip Code  
Swampscott MA 01907

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

Name of Employer Partners Health Care Occupation Chief of Staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: SA11A1.4177

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
L. Robert Kimball

Mailing Address 615 W Highland Avenue

City State Zip Code  
Ebenesburg PA 15931

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

Name of Employer L. Robert Kimball & Assoc. Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: SA11A1.4179

Amount of Each Receipt this Period  
1000.00

**C.** 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 ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: SA11A1.4135

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Walter P. Kionis		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 9760 Tico Lane		<b>Transaction ID:</b> SA11A1.4133
City State Zip Code Bristow VA 20136	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Progeny Systems Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ronald P. Klink		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 3410 Lashan Drive		<b>Transaction ID:</b> SA11A1.4181
City State Zip Code Murrysville PA 15668	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ron Klink & Assoc. Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Melissa A. Koloszar		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 106 S Wise Street		<b>Transaction ID:</b> SA11A1.4137
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The PMA Group Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 81
	<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) Lena C. Kuchera		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 1800 Dolphin Drive		Transaction ID: SA11A1.4403	
City Johnstown	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 15904			
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Homemaker Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Lisa M. Kuchera		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 1125 Weaver Street		Transaction ID: SA11A1.4401	
City Johnstown	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 15904			
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Homemaker Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Ronald Kuchera		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 345 Hillside Drive		Transaction ID: SA11A1.4294	
City Windber	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 15963			
FEC ID number of contributing federal political committee. C			
Name of Employer Kuchera Industries Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation CFO Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> William Kuchera		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 1800 DOLphin Drive		<b>Transaction ID:</b> SA11A1.4399	
City State Zip Code Johnstown PA 15904	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kuchera Industries	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Enrique J. Lenz		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 1303 Aldbury Way		<b>Transaction ID:</b> SA11A1.4271	
City State Zip Code Reston VA 20194	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mobilvox, Inc.	Occupation Mobilty Tech.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Zel Lipsen		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 6842 Elm Street Suite 209		<b>Transaction ID:</b> SA11A1.4183	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. Adm. Thomas J. Lopez</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 7000 Infantry Ridge Road		<b>Transaction ID: SA11A1.4185</b>
City Manassas	State VT	Zip Code 20109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Info Manufacturing Corp	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. John Lynch</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 12769 Quarterhorse Lane		<b>Transaction ID: SA11A1.4139</b>
City Woodbridge	State VA	Zip Code 22192
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer PMA Group	Occupation Govt Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Ajay K. Madan</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2006
Mailing Address 4621 24th Road North		<b>Transaction ID: SA11A1.4324</b>
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer OST	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 81
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Paul J. Magloicchetti		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1101 S. Arlington Ridge Rd Apt 616		<b>Transaction ID:</b> SA11A1.4141	
City Arlington	State VA	Zip Code 22202-1926	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer PMA Group	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel J. McAuliffe		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 18 Richardson Avenue		<b>Transaction ID:</b> SA11A1.4231	
City Wakefield	State MA	Zip Code 01880	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Partners Healthcare	Occupation Service Adm. Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Charlie McBride		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address 1702 19th Street, NW		<b>Transaction ID:</b> SA11A1.4102	
City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 81
	<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) Milton Bruce Meredith		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 3902 McKinley Street NW		Transaction ID: SA11A1.4237	
City State Zip Code Washington DC 20015-2943	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bruce Meredith Inc	Occupation President		
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) Edward Mitchell		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address P.O. Box 2237		Transaction ID: SA11A1.4108	
City State Zip Code Wilkes-Barre PA 18703	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Edward Mitchell Communica- tion	Occupation Self Employed		
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) Kathleen J Murphy		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1123 Crest Lane		Transaction ID: SA11A1.4187	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sidley Austen Brown & Wood	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mark W. Murray		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 6511 Princeton Dr		Transaction ID: SA11A1.4226
City State Zip Code Alexandria VA 22307	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Riper Rudnick Principal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ronald S. Newbower		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006
Mailing Address 159 Nagog Hill Road		Transaction ID: SA11A1.4248
City State Zip Code Acton MA 01720	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Partners Healthcare System Inc VP Research Mgt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher R. O'Neill		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 1310 19th St NW		Transaction ID: SA11A1.4189
City State Zip Code Washington DC 20036-1602	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation O'Neill Athy & Casey PC Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Susan O'Neill		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 5910 Gloster Road		<b>Transaction ID:</b> SA11A1.4106	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Susan O'Neill & Assoc	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John A. Parrish		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 55 Fruit Street		<b>Transaction ID:</b> SA11A1.4191	
City State Zip Code Boston MA 02114	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MA Genl Hospital	Occupation MD Dept of Dermatology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> George J. Pedersen		Date of Receipt M M / D D / Y Y Y Y Y 08 / 09 / 2006	
Mailing Address 700 Potomac Knolls Drive		<b>Transaction ID:</b> SA11A1.4275	
City State Zip Code McLean VA 22102-1422	Amount of Each Receipt this Period 4200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ManTech Intl	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. Daniel T. Perkins</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 1602 Ivanhoe Court		<b>Transaction ID: SA11A1.4193</b>
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MTS Tech Inc	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dino S. Persio</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 129 S. Center Street		<b>Transaction ID: SA11A1.4269</b>
City State Zip Code Ebensburg PA 15931-0239	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Frank N. Piasecki</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address Tunbridge Road		<b>Transaction ID: SA11A1.4195</b>
City State Zip Code Haverford PA 19041	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Piasecki Aircraft Corp	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 81
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Frederick W. Piasecki		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 1Buck Lane Apt 4B		<b>Transaction ID:</b> SA11A1.4197
City State Zip Code Haverford PA 19106-3031	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Piasecki Aircraft Corp	Occupation VP, Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John W. Piasecki		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 106 S. Front St Apt 4B		<b>Transaction ID:</b> SA11A1.4199
City State Zip Code Philadelphia PA 19106-3031	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Piasecki Aircraft Corp	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Colette M. Pollock		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 1202 Walter St SE		<b>Transaction ID:</b> SA11A1.4462
City State Zip Code Washington DC 20003-1448	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Van Scoyoc Associates	Occupation Associate VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) George W. Poole		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 2350 S Arlington Ride Rd		<b>Transaction ID:</b> SA11A1.4201	
City Arlington	State VA	Zip Code 22202	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Elaine M. Richardson		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 4 Charlesgate East No. 802		<b>Transaction ID:</b> SA11A1.4233	
City Boston	State MA	Zip Code 02215	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Parnters Healthcare	Occupation Marketing Exec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) S. Kent Rockwell		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 960 Penn Avenue		<b>Transaction ID:</b> SA11A1.4299	
City Pittsburgh	State PA	Zip Code 15222-3811	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SenSy Tech.	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

Full Name (Last, First, Middle Initial) <b>A. Edward J. Sheehan, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 802 Luzerne Street		<b>Transaction ID: SA11A1.4203</b>	
City State Zip Code Johnstown PA 15905-2349	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CTC	Occupation Sr VP & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Eli R. Shumar, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 432 Stone Church Road		<b>Transaction ID: SA11A1.4205</b>	
City State Zip Code Grindstone PA 15442	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Shumar's Welding & Machine	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Paul G. Smith</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 9802 Pippermill Pl		<b>Transaction ID: SA11A1.4207</b>	
City State Zip Code Vienna VA 22182-1957	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ITAC	Occupation Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. William E. Sudow</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1123 Crest Lane		<b>Transaction ID: SA11A1.4209</b>	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sidley Austin LLP	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Willaim A. Thomasmeyer</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006	
Mailing Address 218 Timber Ridge Road		<b>Transaction ID: SA11A1.4246</b>	
City State Zip Code Pittsburgh PA 15238	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Technology Collaborat-ive	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Monte Treasure</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 3 Overlook Drive		<b>Transaction ID: SA11A1.4253</b>	
City State Zip Code Pelham NH 03076	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Specialty Materials Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 81
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Kirby Gannett Vosburgh Mailing Address 10 Pickwick Rd City State Zip Code Newton MA 02464 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 <b>Transaction ID:</b> SA11A1.4235 Amount of Each Receipt this Period 250.00
Name of Employer: MA Genl Hospital Occupation: Assoc Dir CIMIT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Richard I. Weiss Mailing Address 106 Canfield Hill Drive City State Zip Code Gaithersburg MD 20878 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 <b>Transaction ID:</b> SA11A1.4211 Amount of Each Receipt this Period 1000.00
Name of Employer: KSA Consulting Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Major Genl Randall L. West Mailing Address 1 Massachusetts Avenue NW Suite 880 City State Zip Code Washington DC 20001 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 <b>Transaction ID:</b> SA11A1.4214 Amount of Each Receipt this Period 1000.00
Name of Employer: Robinson Intl Inc Occupation: President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 81
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Barton W. Whitman		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 2800 Shirlington Road #1000		<b>Transaction ID:</b> SA11A1.4216
City Arlington State VA Zip Code 22206	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MTS Tech Inc Occupation Sr VP	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Richard C. Whitner		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 2300 Clarendon Blvd Ste 402		<b>Transaction ID:</b> SA11A1.4218
City Arlington State VT Zip Code 22201-3367	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RC Whitner & Assoc Occupation President	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Wilson		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006
Mailing Address 305 Augusta Drive		<b>Transaction ID:</b> SA11A1.4279
City Lufkin State TX Zip Code 75901	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAJORITY PAC**

Full Name (Last, First, Middle Initial) <b>A. James L. Witten</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1725 DeSales St NW Ste 800		<b>Transaction ID: SA11A1.4220</b>	
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Whitten & Diamond Occupation Attorney at Law	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Paul Zito</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 621 Hunt Valley Circle		<b>Transaction ID: SA11A1.4256</b>	
City New Kensington State PA Zip Code 15068	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bacharach Inc Occupation Chairman & CEO	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Barbara Ziv</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006	
Mailing Address 3450 SW 130th Ave.		<b>Transaction ID: SA11A1.4285</b>	
City Davie State FL Zip Code 33330	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Housewife	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	130950.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. ADVANCED ACOUSTIC CONCEPTS INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address 425 OSER AVENUE		<b>Transaction ID: SA11C.4117</b>
City	State	Zip Code
HAUPPAUGE	NY	11788
FEC ID number of contributing federal political committee. <b>C</b> C00366385		Amount of Each Receipt this Period 5000.00
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	

Full Name (Last, First, Middle Initial) <b>B. AIR PRODUCTS AND CHEMICALS INC. POLITICAL ALLIANCE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address P.O. Box 441		<b>Transaction ID: SA11C.4454</b>
City	State	Zip Code
Trexlerstown	PA	18087
FEC ID number of contributing federal political committee. <b>C</b> C00127258		Amount of Each Receipt this Period 5000.00
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	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 1625 L STREET NW		<b>Transaction ID: SA11C.4448</b>
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee. <b>C</b> C00011114		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. AMO VOLUNTARY PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 2 W DIXIE HWY		<b>Transaction ID: SA11C.4257</b>	
City State Zip Code DANIA BEACH FL 33004		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00426023			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. ANALYTICAL GRAPHICS INC PAC (AGI PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 220 Valley Creek Blvd.		<b>Transaction ID: SA11C.4260</b>	
City State Zip Code Exton PA 19341		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00370023			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 1300 North 17th Street Suite 1400		<b>Transaction ID: SA11C.4113</b>	
City State Zip Code Arlington VA 22209		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00281212			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 36 / 81</span>
	(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

Full Name (Last, First, Middle Initial) <b>A. BOEING POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 1200 Wilson Blvd		<b>Transaction ID: SA11C.4396</b>	
City State Zip Code Arlington VA 22209		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00142711			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. BROWN AND COMPANY INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 304		<b>Transaction ID: SA11C.4157</b>	
City State Zip Code WASHINGTON DC 20003		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00326405			
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	

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR RESPONSIBLE GOVERNMENT-EMPLOYEES OF MSE INC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address PO BOX 4078		<b>Transaction ID: SA11C.4326</b>	
City State Zip Code BUTTE MT 59702		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00218131			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 81
	(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)  
DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND

Mailing Address 5 Sylvan Way  
SUITE 500

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2006

Transaction ID: SA11C.4305

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
DUANE MORRIS GOVERNMENT COMMITTEE

Mailing Address 30 South 17th Street  
One Liberty Place

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2006

Transaction ID: SA11C.4464

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2006

Transaction ID: SA11C.4405

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)</b>		Date of Receipt
Mailing Address 2941 Fairview Park Dr. Suite 100		<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 07 / 26 / 2006
City	State	Zip Code
Falls Church	VA	22042
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4119
C C00078451		Amount of Each Receipt this Period
		5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

Full Name (Last, First, Middle Initial) <b>B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 1299 Pennsylvania Ave NW Ste 1100		<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 08 / 15 / 2006
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4307
C C00024869		Amount of Each Receipt this Period
		5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

Full Name (Last, First, Middle Initial) <b>C. LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF N.A.</b>		Date of Receipt
Mailing Address 905 16th St. N.W. Second Floor		<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 09 / 14 / 2006
City	State	Zip Code
Washington	DC	20006
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4452
C C00007922		Amount of Each Receipt this Period
		5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 1550 Crystal Drive Suite 300		<b>Transaction ID: SA11C.4408</b>
City Arlington      State VA      Zip Code 22202	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00303024		
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	

Full Name (Last, First, Middle Initial) <b>B. MILLENNIUM CELL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address ONE INDUSTRIAL WAY WEST		<b>Transaction ID: SA11C.4311</b>
City EATONTOWN      State NJ      Zip Code 07724	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00398545		
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	

Full Name (Last, First, Middle Initial) <b>C. PARAMETRIC TECHNOLOGY CORPORATION (PTC) PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 1890 Preston White Drive Ste 200		<b>Transaction ID: SA11C.4505</b>
City Reston      State VA      Zip Code 20191	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00410688		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. PARSONS CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2006
Mailing Address 100 West Walnut Street T-1110		<b>Transaction ID: SA11C.4262</b>
City Pasadena State CA Zip Code 91124	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00103549		
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	

Full Name (Last, First, Middle Initial) <b>B. POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006
Mailing Address 815 16th St. NW Suite 600		<b>Transaction ID: SA11C.4318</b>
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00003160		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. PROLOGIC INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 1000 TECHNOLOGY DRIVE SUITE 3140		<b>Transaction ID: SA11C.4144</b>
City FAIRMONT State WV Zip Code 26554	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00369835		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 81  
(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)  
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 Y  
07 / 31 / 2006

Transaction ID: SA11C.4146

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE

Mailing Address 10260 CAMPUS POINT DRIVE F2

City State Zip Code  
SAN DIEGO CA 92121

FEC ID number of contributing federal political committee. **C** C00300418

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  
08 / 16 / 2006

Transaction ID: SA11C.4309

Amount of Each Receipt this Period  
5000.00

**C.** 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 Y  
07 / 25 / 2006

Transaction ID: SA11C.4115

Amount of Each Receipt this Period  
5000.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 81  
(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)  
SIEMENS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 701 PENNSYLVANIA AVENUE NW  
SUITE 720

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** SA11C.4150

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
SIERRA NEVADA PAC

Mailing Address P.O. Box 50193

City State Zip Code  
Sparks NV 89434

FEC ID number of contributing federal political committee. **C** C00367995

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  
08 / 07 / 2006

**Transaction ID:** SA11C.4266

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
SOUTHWEST AIRLINES CO FREEDOM FUND

Mailing Address PO BOX 36611 HDQ 4GA

City State Zip Code  
DALLAS TX 75235

FEC ID number of contributing federal political committee. **C** C00341602

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  
08 / 22 / 2006

**Transaction ID:** SA11C.4322

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. SUN PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address 1735 MARKET STREET SUITE LL		<b>Transaction ID: SA11C.4320</b>	
City PHILADELPHIA State PA Zip Code 19103	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00025346			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. TEXTRON INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6	
Mailing Address 40 WESTMINSTER STREET		<b>Transaction ID: SA11C.4292</b>	
City PROVIDENCE State RI Zip Code 02903	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00123612			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. TEXTRON INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address 40 WESTMINSTER STREET		<b>Transaction ID: SA11C.4407</b>	
City PROVIDENCE State RI Zip Code 02903	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00123612			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 81
	<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

Full Name (Last, First, Middle Initial) <b>A. TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006
Mailing Address 80 WEST END AVENUE		<b>Transaction ID: SA11C.4507</b>
City NEW YORK State NY Zip Code 10023	FEC ID number of contributing federal political committee. <b>C</b> C00008268	Amount of Each Receipt this Period 5000.00
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

Full Name (Last, First, Middle Initial) <b>B. UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 8000 EAST JEFFERSON		<b>Transaction ID: SA11C.4466</b>
City DETROIT State MI Zip Code 48214	FEC ID number of contributing federal political committee. <b>C</b> C00002840	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) <b>C. UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 8315 LEE HIGHWAY FIFTH FLOOR		<b>Transaction ID: SA11C.4148</b>
City FAIRFAX State VA Zip Code 22031	FEC ID number of contributing federal political committee. <b>C</b> C00013342	Amount of Each Receipt this Period 5000.00
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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 81
	(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

Full Name (Last, First, Middle Initial) <b>A. UNITED STATES STEEL CORPORATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006
Mailing Address 600 Grant Street Room 675		<b>Transaction ID: SA11C.4290</b>
City State Zip Code Pittsburgh PA 15219	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00030676		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON GROUP INTERNATIONAL INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 2345 Crystal Drive Suite 708		<b>Transaction ID: SA11C.4264</b>
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00097550		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	125000.00

**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)

<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

Full Name (Last, First, Middle Initial) <b>A. B P S Printing &amp; Graphics Inc</b>		<b>Transaction ID: SB21B.4371</b> Date of Disbursement MM / DD / YYYY 08 / 14 / 2006
Mailing Address 4474 White Plains Lane		Amount of Each Disbursement this Period 2000.00
City White Plains State MD Zip Code 20695-3019	Purpose of Disbursement Fund Raiser Expense Candidate Name Category/Type 007	
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) ▼

Full Name (Last, First, Middle Initial) <b>B. David R. Charkins, II</b>		<b>Transaction ID: SB21B.4385</b> Date of Disbursement MM / DD / YYYY 08 / 23 / 2006
Mailing Address 605 Main Street		Amount of Each Disbursement this Period 790.00
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Rent Candidate Name Category/Type 001	
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Cingular One</b>		<b>Transaction ID: SB21B.4412</b> Date of Disbursement MM / DD / YYYY 08 / 28 / 2006
Mailing Address 5020 Ash Grove Road		Amount of Each Disbursement this Period 91.61
City Springfield State IL Zip Code 62711-6329	Purpose of Disbursement Telephone Candidate Name Category/Type 001	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2881.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Cingular One</b>		<b>Transaction ID:</b> SB21B.4491 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 5020 Ash Grove Road		Amount of Each Disbursement this Period 91.21
City Springfield State IL Zip Code 62711-6329		
Purpose of Disbursement Telephone 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Michael Duga</b>		<b>Transaction ID:</b> SB21B.4492 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6	
Mailing Address 1440 Coral Seal Ridge		Amount of Each Disbursement this Period 5550.71	
City Coral Springs State FL Zip Code 33071			
Purpose of Disbursement See Detail 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) ▼

Full Name (Last, First, Middle Initial) <b>C. Michael Duga</b>		<b>Transaction ID:</b> SB21B.4492.0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6	
Mailing Address 1440 Coral Seal Ridge		Amount of Each Disbursement this Period 2049.19  <b>[MEMO ITEM]</b>	
City Coral Springs State FL Zip Code 33071			
Purpose of Disbursement Reimb Lodging Candidate Name			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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5641.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Michael Duga</b>		Transaction ID: SB21B.4492.1 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1440 Coral Seal Ridge		Amount of Each Disbursement this Period 396.62	
City Coral Springs State FL Zip Code 33071	Purpose of Disbursement Reimb Meals Candidate Name	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]	

Full Name (Last, First, Middle Initial) <b>B. Michael Duga</b>		Transaction ID: SB21B.4492.2 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1440 Coral Seal Ridge		Amount of Each Disbursement this Period 107.67	
City Coral Springs State FL Zip Code 33071	Purpose of Disbursement Reimb Meeting Exp Candidate Name	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]	

Full Name (Last, First, Middle Initial) <b>C. Michael Duga</b>		Transaction ID: SB21B.4492.3 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1440 Coral Seal Ridge		Amount of Each Disbursement this Period 969.79	
City Coral Springs State FL Zip Code 33071	Purpose of Disbursement Reimb Office Expenses Candidate Name	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER: (check only one)

PAGE 49 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. Michael Duga</b>		Transaction ID: SB21B.4492.4 Date of Disbursement 09 / 18 / 2006	
Mailing Address 1440 Coral Seal Ridge		Amount of Each Disbursement this Period 2027.44	
City Coral Springs State FL Zip Code 33071	Purpose of Disbursement Reimb Travel	Category/Type [ ]	
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) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. First Comm. Bank, Credit Card Dept</b>		Transaction ID: SB21B.4494 Date of Disbursement 09 / 18 / 2006	
Mailing Address PO Box 0537		Amount of Each Disbursement this Period 12946.75	
City Indiana State PA Zip Code 15701	Purpose of Disbursement See Detail	Category/Type 001	
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) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. Circuit City</b>		Transaction ID: SB21B.4494.0 Date of Disbursement 09 / 18 / 2006	
Mailing Address P.O. Box 469		Amount of Each Disbursement this Period 1529.63	
City Coppell State TX Zip Code 75019	Purpose of Disbursement Office Expenses	Category/Type 001	
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) ▼	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12946.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 81

<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

Full Name (Last, First, Middle Initial) <b>A. U S Airways</b>		Transaction ID: SB21B.4494.2 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 12346		Amount of Each Disbursement this Period 1129.30  <b>[MEMO ITEM]</b>
City Pittsburgh State PA Zip Code 15231		
Purpose of Disbursement Travel Candidate Name	002 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. U S Airways</b>		Transaction ID: SB21B.4494.3 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 12346		Amount of Each Disbursement this Period 1129.30  <b>[MEMO ITEM]</b>
City Pittsburgh State PA Zip Code 15231		
Purpose of Disbursement Travel Candidate Name	002 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Transaction ID: SB21B.4494.4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address Galleria Drive		Amount of Each Disbursement this Period 260.81  <b>[MEMO ITEM]</b>
City Johnstown State PA Zip Code 15904		
Purpose of Disbursement Office Expense 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MAJORITY PAC

<b>A. Circuit City</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 469 City Coppell State TX Zip Code 75019 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.4494.5 Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 529.99 [MEMO ITEM]
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<b>B. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address Galleria Drive City Johnstown State PA Zip Code 15904 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.4494.6 Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 284.89 [MEMO ITEM]
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<b>C. First Comm. Bank, Credit Card Dept</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 0537 City Indiana State PA Zip Code 15701 Purpose of Disbursement Fees 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.4494.8 Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 3.50 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. United</b>		<b>Transaction ID:</b> SB21B.4494.12 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 1434.60
City Arlington State VA Zip Code 22227	[MEMO ITEM]	
Purpose of Disbursement Travel 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) ▼

Full Name (Last, First, Middle Initial) <b>B. United</b>		<b>Transaction ID:</b> SB21B.4494.13 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 1434.60
City Arlington State VA Zip Code 22227	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		002 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) ▼

Full Name (Last, First, Middle Initial) <b>C. United</b>		<b>Transaction ID:</b> SB21B.4494.14 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 1434.60
City Arlington State VA Zip Code 22227	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		002 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Goodwin Hotel</b>		Transaction ID: SB21B.4494.15 Date of Disbursement 09 / 18 / 2006
Mailing Address One Haynes Street		Amount of Each Disbursement this Period 278.88
City Hartford State CT Zip Code 06103	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Goodwin Hotel</b>		Transaction ID: SB21B.4494.16 Date of Disbursement 09 / 18 / 2006
Mailing Address One Haynes Street		Amount of Each Disbursement this Period 211.68
City Hartford State CT Zip Code 06103	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Goodwin Hotel</b>		Transaction ID: SB21B.4494.17 Date of Disbursement 09 / 18 / 2006
Mailing Address One Haynes Street		Amount of Each Disbursement this Period 215.68
City Hartford State CT Zip Code 06103	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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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. Goodwin Hotel		Transaction ID: SB21B.4494.18
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address	One Haynes Street	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City	State	Amount of Each Disbursement this Period
Hartford	CT	<input type="text" value="22.27"/>
Zip Code	06103	
Purpose of Disbursement	<input type="text" value="002"/> Category/ Type	[MEMO ITEM]
Lodging		
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Silverado Front Desk		Transaction ID: SB21B.4494.19
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address	1600 Atlas Peak Road	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City	State	Amount of Each Disbursement this Period
Napa	CA	<input type="text" value="483.05"/>
Zip Code	94558	
Purpose of Disbursement	<input type="text" value="002"/> Category/ Type	[MEMO ITEM]
Lodging		
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Silverado Front Desk		Transaction ID: SB21B.4494.20
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address	1600 Atlas Peak Road	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City	State	Amount of Each Disbursement this Period
Napa	CA	<input type="text" value="484.14"/>
Zip Code	94558	
Purpose of Disbursement	<input type="text" value="002"/> Category/ Type	[MEMO ITEM]
Lodging		
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
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<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Silverado Front Desk</b>		Transaction ID: SB21B.4494.21 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 1600 Atlas Peak Road		Amount of Each Disbursement this Period 10.00
City Napa State CA Zip Code 94558	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Westin Hotel</b>		Transaction ID: SB21B.4494.23 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 1 Old Bayshore Hwy		Amount of Each Disbursement this Period 176.00
City Millbrae State CA Zip Code 94030	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Westin Hotel</b>		Transaction ID: SB21B.4494.24 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 1 Old Bayshore Hwy		Amount of Each Disbursement this Period 551.33
City Millbrae State CA Zip Code 94030	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		002 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Westin Hotel</b>		Transaction ID: SB21B.4494.25 Date of Disbursement 09 / 18 / 2006
Mailing Address 1 Old Bayshore Hwy		Amount of Each Disbursement this Period 5.75
City Millbrae State CA Zip Code 94030	002 Category/ Type	
Purpose of Disbursement Lodging		[MEMO ITEM]
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Westin Hotel</b>		Transaction ID: SB21B.4494.26 Date of Disbursement 09 / 18 / 2006
Mailing Address 1 Old Bayshore Hwy		Amount of Each Disbursement this Period 5.75
City Millbrae State CA Zip Code 94030	002 Category/ Type	
Purpose of Disbursement Lodging		[MEMO ITEM]
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pritt Factory Funriture</b>		Transaction ID: SB21B.4494.28 Date of Disbursement 09 / 18 / 2006
Mailing Address 1060 Mine 40		Amount of Each Disbursement this Period 725.00
City Windber State PA Zip Code 15963	001 Category/ Type	
Purpose of Disbursement Office Expense		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB21B.4460 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address Franklin Street Office 217 Franklin St		Amount of Each Disbursement this Period 190.80
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) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB21B.4461 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address Franklin Street Office 217 Franklin St		Amount of Each Disbursement this Period 282.40
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Credit Card Fees 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) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB21B.4459 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address Franklin Street Office 217 Franklin St		Amount of Each Disbursement this Period 31.74
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) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	504.94
<b>TOTAL</b> 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)

<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

Full Name (Last, First, Middle Initial) <b>A. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB21B.4569 Date of Disbursement
Mailing Address Franklin Street Office 217 Franklin St		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Johnstown	State PA	Zip Code 15901
Purpose of Disbursement Office Expense	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="31.74"/>

Full Name (Last, First, Middle Initial) <b>B. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB21B.4570 Date of Disbursement
Mailing Address Franklin Street Office 217 Franklin St		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Johnstown	State PA	Zip Code 15901
Purpose of Disbursement Bank Service Charges	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="125.98"/>

Full Name (Last, First, Middle Initial) <b>C. First Commonwealth Bank</b>		<b>Transaction ID:</b> SB21B.4571 Date of Disbursement
Mailing Address Franklin Street Office 217 Franklin St		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Johnstown	State PA	Zip Code 15901
Purpose of Disbursement Office Expense	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="25.50"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="183.22"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Susan O'Neill</b>		<b>Transaction ID: SB21B.4365</b> Date of Disbursement MM / DD / YYYY 08 / 07 / 2006	
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 10000.00	
City Bethesda	State MD	Zip Code 20816	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Consulting		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Penn Air Inc</b>		<b>Transaction ID: SB21B.4477</b> Date of Disbursement MM / DD / YYYY 09 / 11 / 2006	
Mailing Address 3 Airport Drive		Amount of Each Disbursement this Period 2816.30	
City Martinsburg	State PA	Zip Code 16662	Amount of Each Disbursement this Period 2816.30
Purpose of Disbursement Travel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Perkins Coie LLP</b>		<b>Transaction ID: SB21B.4446</b> Date of Disbursement MM / DD / YYYY 09 / 07 / 2006	
Mailing Address 1201 Third Avenue Suite 4800		Amount of Each Disbursement this Period 260.00	
City Seattle	State WA	Zip Code 98101-3099	Amount of Each Disbursement this Period 260.00
Purpose of Disbursement Meeting Exp		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>13076.30</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Robert C. Ondick, CPA PC</b>		<b>Transaction ID: SB21B.4576</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 551 Main Street		Amount of Each Disbursement this Period 6115.00
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) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Dorothy Rudzik</b>		<b>Transaction ID: SB21B.4373</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 2126 Connecticut Ave NW #41		Amount of Each Disbursement this Period 1850.00
City Washington State DC Zip Code 20008-1729	Purpose of Disbursement Office Exp & Fund Raiser 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) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Skyward Aviation</b>		<b>Transaction ID: SB21B.4573</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6
Mailing Address 155 Airport Road		Amount of Each Disbursement this Period 25724.26
City Washington State PA Zip Code 15301	Purpose of Disbursement Travel 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) ▼
		Category/Type 002

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	33689.26
<b>TOTAL</b> 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)

<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

Full Name (Last, First, Middle Initial) <b>A. Susan O'Neill &amp; Associates</b>		<b>Transaction ID:</b> SB21B.4369 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 10628.70
City Bethesda State MD Zip Code 20816	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) ▼
		Category/Type 003

Full Name (Last, First, Middle Initial) <b>B. Susan O'Neill &amp; Associates</b>		<b>Transaction ID:</b> SB21B.4369.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 6558.44
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Fund Raiser 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) ▼
		Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Susan O'Neill &amp; Associates</b>		<b>Transaction ID:</b> SB21B.4369.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 4100.26
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Consulting Fees 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) ▼
		Category/Type

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10628.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Susan O'Neill &amp; Associates</b>		<b>Transaction ID:</b> SB21B.4575 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 5910 Gloster Road		Amount of Each Disbursement this Period 7761.26
City Bethesda State MD Zip Code 20816	Purpose of Disbursement Fund Raising 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) ▼
Purpose of Disbursement Fund Raising Expense		

Full Name (Last, First, Middle Initial) <b>B. Vee Neal Aviation</b>		<b>Transaction ID:</b> SB21B.4413 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 200 Pleasant Unity Road Suite 109		Amount of Each Disbursement this Period 8870.73
City Latrobe State PA Zip Code 15650	Purpose of Disbursement Travel 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) ▼
Purpose of Disbursement Travel		

Full Name (Last, First, Middle Initial) <b>C. Vee Neal Aviation</b>		<b>Transaction ID:</b> SB21B.4470 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 200 Pleasant Unity Road Suite 109		Amount of Each Disbursement this Period 4276.80
City Latrobe State PA Zip Code 15650	Purpose of Disbursement Travel 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) ▼
Purpose of Disbursement Travel		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20908.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	100461.49

# 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)  
MAJORITY PAC

Full Name (Last, First, Middle Initial) <b>A. ABERCROMBIE FOR CONGRESS</b>		<b>Transaction ID: SB23.4479</b> Date of Disbursement 09 / 12 / 2006
Mailing Address c/o 1357 Kapiolani Blvd. Ste. 1005 c/o 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 2000.00
City Honolulu State HI Zip Code 96814	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ALTMIRE, JASON</b>		<b>Transaction ID: SB23.4425</b> Date of Disbursement 09 / 07 / 2006
Mailing Address 8190 STREAMSIDE DRIVE		Amount of Each Disbursement this Period 2000.00
City PITTSBURGH State PA Zip Code 15237	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ARCURI FOR CONGRESS</b>		<b>Transaction ID: SB23.4421</b> Date of Disbursement 09 / 07 / 2006
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 2000.00
City Utica State NY Zip Code 13505	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. BETTY SUTTON FOR CONGRESS</b>		<b>Transaction ID: SB23.4418</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1700 W MARKET ST #155		Amount of Each Disbursement this Period 2000.00
City AKRON State OH Zip Code 44313	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BOSWELL FOR CONGRESS</b>		<b>Transaction ID: SB23.4345</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50309	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brown for Congress</b>		<b>Transaction ID: SB23.4561</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 4506		Amount of Each Disbursement this Period 2000.00
City Auburn State CA Zip Code 95604	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. CARNEY FOR CONGRESS</b>		<b>Transaction ID: SB23.4337</b> Date of Disbursement 08 / 01 / 2006
Mailing Address PO Box 38		Amount of Each Disbursement this Period 2000.00
City Dimock	State PA Zip Code 18816	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CLARKE FOR CONGRESS</b>		<b>Transaction ID: SB23.4434</b> Date of Disbursement 09 / 07 / 2006
Mailing Address 111-36 200TH STREET		Amount of Each Disbursement this Period 2000.00
City HOLLIS	State NY Zip Code 11412	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CLARKE FOR CONGRESS</b>		<b>Transaction ID: SB23.4483</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 111-36 200TH STREET		Amount of Each Disbursement this Period 2000.00
City HOLLIS	State NY Zip Code 11412	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
COLEEN ROWLEY FOR CONGRESS

Mailing Address P.O. Box 241598

City State Zip Code  
Apple Valley MN 55124

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

**Transaction ID:** SB23.4436

Date of Disbursement

/

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO BRING BACK BARON

Mailing Address PO BOX 1071

City State Zip Code  
SEYMOUR IN 47274

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

**Transaction ID:** SB23.4473

Date of Disbursement

/

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT CHRIS MURPHY

Mailing Address P.O. Box 127

City State Zip Code  
Cheshire CT 06410

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

**Transaction ID:** SB23.4381

Date of Disbursement

/

Amount of Each Disbursement this Period

**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)

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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

Full Name (Last, First, Middle Initial) <b>A. COURTNEY FOR CONGRESS</b>		<b>Transaction ID: SB23.4378</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 38 Risley Road		Amount of Each Disbursement this Period 2000.00
City State Zip Code Vernon CT 06066	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CRANLEY FOR CONGRESS</b>		<b>Transaction ID: SB23.4349</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 37 W 7TH ST SUITE 804		Amount of Each Disbursement this Period 2000.00
City State Zip Code CINCINNATI OH 45202	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DEFAZIO FOR CONGRESS</b>		<b>Transaction ID: SB23.4484</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 1316		Amount of Each Disbursement this Period 2000.00
City State Zip Code Springfield OR 97477	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. ELLSWORTH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4342</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 1000.00
City EVANSVILLE State IN Zip Code 47708	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ELLSWORTH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4376</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 1000.00
City EVANSVILLE State IN Zip Code 47708	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ERLANDSON FOR U S REPRESENTATIVE</b>		<b>Transaction ID: SB23.4415</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address PO BOX 14805		Amount of Each Disbursement this Period 2000.00
City MINNEAPOLIS State MN Zip Code 55414	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. ERLANDSON FOR U S REPRESENTATIVE</b>		<b>Transaction ID: SB23.4417</b> Date of Disbursement
Mailing Address PO BOX 14805		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City MINNEAPOLIS	State MN	Zip Code 55414
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 05		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. FARRELL FOR CONGRESS</b>		<b>Transaction ID: SB23.4380</b> Date of Disbursement
Mailing Address P.O. Box 5136		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City Westport	State CT	Zip Code 06881
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 04		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF CHARLIE WILSON</b>		<b>Transaction ID: SB23.4335</b> Date of Disbursement
Mailing Address 7 CADIZ PIKE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City BRIDGEPORT	State OH	Zip Code 43912
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 06		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOE BACA</b>		<b>Transaction ID: SB23.4496</b>	
Mailing Address 555 Capitol Mall Suite 1425		Date of Disbursement 09 / 19 / 2006	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 43		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MAZIE HIRONO</b>		<b>Transaction ID: SB23.4579</b>	
Mailing Address PO BOX 677		Date of Disbursement 09 / 28 / 2006	
City HONOLULU	State HI	Zip Code 96809	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: HI	District: 02		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF TAMMY DUCKWORTH</b>		<b>Transaction ID: SB23.4475</b>	
Mailing Address 416 W. 22nd St.		Date of Disbursement 08 / 03 / 2006	
City Lombard	State IL	Zip Code 60148	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. GIFFORDS FOR CONGRESS</b>		<b>Transaction ID: SB23.4554</b> Date of Disbursement 09 / 21 / 2006
Mailing Address PO Box 27565		Amount of Each Disbursement this Period 2000.00
City Tucson State AZ Zip Code 85726	Purpose of Disbursement Contribution Candidate Name 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. GIFFORDS FOR CONGRESS</b>		<b>Transaction ID: SB23.4558</b> Date of Disbursement 09 / 21 / 2006
Mailing Address PO Box 27565		Amount of Each Disbursement this Period 2000.00
City Tucson State AZ Zip Code 85726	Purpose of Disbursement Contrib, Retire Debt Candidate Name 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. GOLDMARK FOR CONGRESS</b>		<b>Transaction ID: SB23.4486</b> Date of Disbursement 09 / 14 / 2006
Mailing Address 400 TIMENTWA ROAD		Amount of Each Disbursement this Period 2000.00
City OKANOGAN State WA Zip Code 98840	Purpose of Disbursement Contribution Candidate Name 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. GOLDMARK FOR CONGRESS</b>		<b>Transaction ID: SB23.4488</b> Date of Disbursement
Mailing Address 400 TIMENTWA ROAD		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City OKANOGAN	State WA	Zip Code 98840
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 05	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. HARRY MITCHELL FOR CONGRESS</b>		<b>Transaction ID: SB23.4347</b> Date of Disbursement
Mailing Address PO BOX 23748		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City TEMPE	State AZ	Zip Code 85285
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 05	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>C. JAY FAWCETT FOR CONGRESS 2006</b>		<b>Transaction ID: SB23.4352</b> Date of Disbursement
Mailing Address PO Box 7124		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Colorado Springs	State CO	Zip Code 80933
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 05	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. LAMPSON FOR CONGRESS</b>		<b>Transaction ID: SB23.4356</b> Date of Disbursement
Mailing Address P.O. Box 58606		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Houston	State TX	Zip Code 77258
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 22		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. LOIS MURPHY FOR CONGRESS</b>		<b>Transaction ID: SB23.4427</b> Date of Disbursement
Mailing Address P.O. BOX 312		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City NARBERTH	State PA	Zip Code 19072
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 06		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>C. LUCAS FOR CONGRESS</b>		<b>Transaction ID: SB23.4432</b> Date of Disbursement
Mailing Address PO BOX 175765		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City COVINGTON	State KY	Zip Code 41017
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 04		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

Full Name (Last, First, Middle Initial) <b>A. MADRID FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4556 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address PO Box 25626		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87125	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) <b>B. MASSA FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4360 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 59 EAST MARKET STREET SUITE 244		Amount of Each Disbursement this Period 2000.00
City CORNING State NY Zip Code 14830	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) <b>C. MASSA FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4563 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 59 EAST MARKET STREET SUITE 244		Amount of Each Disbursement this Period 2000.00
City CORNING State NY Zip Code 14830	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. MEJIAS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4442
Mailing Address 124 SUNRISE DRIVE		Date of Disbursement 09 / 07 / 2006
City N MASSAPEQUA	State NY	Zip Code 11758
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 03		

Full Name (Last, First, Middle Initial) <b>B. Mollohan for Congress</b>		<b>Transaction ID:</b> SB23.4559
Mailing Address 727 Mt. Vernon Avenue		Date of Disbursement 09 / 25 / 2006
City Fairmont	State WV	Zip Code 26554
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 01		

Full Name (Last, First, Middle Initial) <b>C. PATRICK MURPHY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4429
Mailing Address PO BOX 868		Date of Disbursement 09 / 07 / 2006
City LEVITTOWN	State PA	Zip Code 19058
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. PERLMUTTER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4440
Mailing Address 3440 Youngfield St #264		Date of Disbursement 09 / 07 / 2006
City Wheat Ridge	State CO	Zip Code 80033
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 07		

Full Name (Last, First, Middle Initial) <b>B. PHYLLIS BUSANSKY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4423
Mailing Address 3611 SCHEFFLERA ROAD		Date of Disbursement 09 / 07 / 2006
City TAMPA	State FL	Zip Code 33618
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>C. TIM MAHONEY FOR FLORIDA</b>		<b>Transaction ID:</b> SB23.4431
Mailing Address 1128-408 ROYAL PALM BEACH BLVD		Date of Disbursement 09 / 07 / 2006
City ROYAL PALM BEACH	State FL	Zip Code 33411
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 16		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 01

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4438

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
WELCH FOR CONGRESS

Mailing Address PO Box 1086

City Montpelier State VT Zip Code 05601

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VT District: 00

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4382

Date of Disbursement

08 / 16 / 2006

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
WINTER FOR CONGRESS COMMITTEE

Mailing Address 558 CASTLE PINES PKWY UNIT B4-409

City CASTLE ROCK State CO Zip Code 80108

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 06

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4343

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

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

6000.00

**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

Full Name (Last, First, Middle Initial)

**A. WULSIN FOR CONGRESS**

Mailing Address 7440 Montgomery Road

City Cincinnati State OH Zip Code 45236

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Transaction ID: SB23.4358

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. ZACK SPACE FOR CONGRESS COMMITTEE**

Mailing Address 714 N WOOSTER AVENUE

City DOVER State OH Zip Code 44622

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

Transaction ID: SB23.4350

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

92000.00

# 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

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

Full Name (Last, First, Middle Initial) <b>A. Comm. to Re-Elect Ed Towns</b>		<b>Transaction ID:</b> SB29.4390 Date of Disbursement
Mailing Address 438 Lewis Avenue		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Brooklyn	State NY	Zip Code 11233
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. Comm. to Re Elect Gov Baldacci</b>		<b>Transaction ID:</b> SB29.4490 Date of Disbursement
Mailing Address 225 Commercial Street Suite 401		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Portland	State ME	Zip Code 04101
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Committee for His C - Bold Pac</b>		<b>Transaction ID:</b> SB29.4567 Date of Disbursement
Mailing Address 1831 Bay Street SE		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Thurman for State House</b>		<b>Transaction ID: SB29.4367</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6	
Mailing Address 20159 SW 81th St		Amount of Each Disbursement this Period 500.00	
City Dunnellon	State FL	Zip Code 34431	011 Category/ Type
Purpose of Disbursement Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. VETPAC INC</b>		<b>Transaction ID: SB29.4510</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6	
Mailing Address 202 SO FEDERAL HWY #2		Amount of Each Disbursement this Period 5000.00	
City LAKE WORTH	State FL	Zip Code 33460	011 Category/ Type
Purpose of Disbursement Tickets		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

5500.00

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

13000.00



Image# 26960663695

Form/Schedule: **F3XA**

Transaction ID:

NO EXPENSES OF THE MAJORITY PAC FOR THE OCTOBER QUARTERLY REPORT PERIOD WERE USED FOR ANY SPECIFICALLY IDENTIFIED FEDERAL CANDIDATES. THE ONLY EXPENSES TO A SPECIFIC IDENTIFIED FEDERAL CANDIDATE WERE THE ACTUAL CONTRIBUTIONS TO THE CANDIDATE. THUS NO DISCLOSURE IS NEEDED FOR SCHEDULE B OR E.

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