

**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 COMMITTEE PAC--MC PAC

Full Name (Last, First, Middle Initial)

A. MCCLINTOCK FOR CONGRESS

Mailing Address 2150 River Plaza Drive
Suite 150

City Sacramento State CA Zip Code 95833-4131

Purpose of Disbursement
Contribution

011

Candidate Name

Thomas McClintock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2008

Transaction ID : SB23-489-216-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement
Contribution

011

Candidate Name

Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2008

Transaction ID : SB23-491-219-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. STEVE AUSTRIA FOR CONGRESS

Mailing Address 2537 Obetz Drive

City Beavercreek State OH Zip Code 45434

Purpose of Disbursement
Contribution

011

Candidate Name

Steve C Austria

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2008

Transaction ID : SB23-496-221-e

Amount of Each Disbursement this Period

1000

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

3000.00

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