

**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. Doug Hoffman For Congress

Mailing Address 111 River Street

City Saranac Lake State NY Zip Code 12983-2044

Purpose of Disbursement
Contribution

011

Candidate Name
Douglas L Hoffman

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2009

Transaction ID : **SB23-771-566-e**

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105-0442

Purpose of Disbursement
contribution

011

Candidate Name
Charles W Rep Dent

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 15

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2009

Transaction ID : **SB23-774-655-e**

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

C. Lee Terry for Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement
Contribution

011

Candidate Name
Lee Terry

Category/
Type

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2009

Transaction ID : **SB23-423-576-e**

Amount of Each Disbursement this Period

1000

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

8000.00

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