

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 22 A 9 55

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Congressional Majority Committee

ADDRESS (number and street) Check if different than previously reported
555 13th St. #500 West

CITY, STATE and ZIP CODE
WASHINGTON, DC 20004-1109

2. FEC IDENTIFICATION NUMBER
C00117721

3. This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____

30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/99</u> through <u>12/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 48962. ²⁹
(b) Cash on Hand at Beginning of Reporting Period	\$ 81849. ⁰³	
(c) Total Receipts (from Line 1B)	\$ 47250.00	\$ 95698.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 129099.03	\$ 144660.29
7. Total Disbursements (from Line 2D)	\$ 29731.40	\$ 45292.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 99367.63	\$ 99367.63
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 2000.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-426-9800 Local 202-464-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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

Signature of Treasurer

LaDonna J. Dodge
LaDonna J. Dodge

Date

4-12-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6457g.

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FEC FORM 3X
(revised 9/99)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 278

(revised 1/1/91)

NAME OF COMMITTEE

Congressional Majority Committee

REPORT COVERING PERIOD

FROM 7-1-99

TO 12-31-99

	COLUMN A Total/Period	COLUMN B Calendar	
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Realized (use Schedule A)	16,250.00	37,823. ⁰⁰	
E. Unrealized		378.00	
II. Total (add I and E) >	16,250.00	38,198.00	
b. Political Party Committees			
c. Other Political Committees (such as PACs)	31,000.00	55,500.00	
d. Total Contributions (add a II, b and c) >	47,250.00	93,698.00	
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	2,000.00	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Accounts for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	47,250.00	95,698.00	
20. Total Federal Receipts (subtract line 16 from line 19) >	47,250.00	95,698.00	
Disbursements			
21. Operating Expenditures:			
a. Shared Responsibility-Federal Activity (from Schedule H4)			
i. Federal Share	29,731.40	41,292.66	
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, ii, and b) >	29,731.40	41,292.66	
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,000.00	
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made	-2,000.00	2,000.00	
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	29,731.40	45,292.66	
31. Total Federal Disbursements (subtract line 21 d from line 30) >	29,731.40	45,292.66	
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	47,250.00	95,698.00	
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 c i and 21 b) >	29,731.40	41,292.66	
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11C

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)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pacificare PAC P.O. Box 25106 Santa Ana, CA 92799 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 5000.00	7-3-99	5000.00
Sierra Health Services PAC 2724 North Tenaya Way Las Vegas, NV 89128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Multi-Candidate PAC Occupation: Aggregate Year-to-Date > \$ 5000.00	7-2-99	5000.00
Pricewaterhouse Coopers PAC 1900 K St. N.W. Washington, D.C. 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Multi-Candidate PAC Occupation: Aggregate Year-to-Date > \$ 5000.00	6/05/99	5000.00
April's Healthcare PAC 3560 Highland Ave. Costa Mesa, CA 92626 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 1000.00	9/20/99	1000.00
Foundation Health Systems Inc PAC 21050 Oxnard St. Woodland Hills, CA 91367 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 5000.00	7-3-99	5000.00
Healthsouth Rehabilitation PAC Two Perimeter Park South Birmingham, AL 35243 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	7/20/99	10000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)

31000.00

TOTAL This Period (last page this line number only)

31000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Murray 2105 Croghan Cross Louisville KY 40207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Humana Inc Occupation: CFO	7-3-99	1000. ⁰⁰
Aggregate Year-to-Date > \$ 1000. ⁰⁰			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth J. Fasola 74 Pine Knoll Circle Prospect KY 40059 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Humana Inc Occupation: Senior VP	7-6-99	1000. ⁰⁰
Aggregate Year-to-Date > \$ 1000. ⁰⁰			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Andrew M. Shore 8832 Jay Ave Alexandria Va 22302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Amer. Medical Assn. Occupation: Asst. Director	10-6-99	250. ⁰⁰
Aggregate Year-to-Date > \$ 250. ⁰⁰			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Garry Reeves 11823 Lake Stone Way Prospect KY 40059 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Humana Inc Occupation: Physician	7-12-99	1000. ⁰⁰
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert E. Thomson 101 Indian Trail Indian Springs AL 35124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		7-22-99	1000. ⁰⁰
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael D. Martin 3608 Canongate W. Birmingham AL 35242 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Healthsouth Corp Occupation: CFO	7-21-99	2000. ⁰⁰
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William C. McGahan 11 Elsway Short Hills NJ 07078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Global Occupation: Managing Director	7-21-99	2000. ⁰⁰
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

8250.⁰⁰

TOTAL This Period (last page has the number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 27

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 activities.

NAME OF COMMITTEE (in full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<u>Driley for Congress</u> <u>P.O. Box 8746</u> <u>Pine Bluff AR 71611</u>	<u>Loan Returned in Cash</u>	<u>7-30-99</u>	<u>-2000.⁰⁰</u>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

-2000.⁰⁰

Congressional Majority Committee

555 13th St #500 West
Washington, DC 20004
FEC ID # C00117721

Federal Election Commission
Antoinette Kitchen
Washington, D. C. 20463

Dear Antoinette:

The donation that was received from Healthsouth Rehabilitation was in error - a refund of \$5000.00 has been issued - the understanding was \$5000.00 per election cycle instead of each calendar year.

The donation that was listed from Physical Therapy PAC on the 6-21-1999 was a duplicate of the one on the previous report. The receipt date was 6-30-1999 which was correctly reported. The 6-21-1999 was the date on the check.

The donations that were put on the report with the dates of the previous reporting period were actually received in this period however the date of the check was put on the report and not the date of receipt.

If you have any further questions please feel free to call me at (661) 327-4141.

Thank you


LaDonna Dodge

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
4-14-00

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other (Specify): Postmarked

and/or Date of Receipt

Electronic Filing

[Signature]
PREPARER

4-22-00
DATE PREPARED