

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
935 15th St #500 West

CITY, STATE and ZIP CODE
Washington D.C. 20004-1109

2. FEC IDENTIFICATION NUMBER
000779721

3. This committee has qualified as a multicandidate 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
6. Covering Period <i>1-1-2000</i> through <i>2-18-2000</i>		
6. (a) Cash on Hand January 1, 19 _____		\$ <i>99367.63</i>
(b) Cash on Hand at Beginning of Reporting Period _____	\$ <i>99367.63</i>	
(c) Total Receipts (from Line 19) _____	\$ <i>46922.76</i>	\$ <i>46922.76</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____	\$ <i>146290.39</i>	\$ <i>146290.39</i>
7. Total Disbursements (from Line 30) _____	\$ <i>6360.06</i>	\$ <i>6360.06</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) _____	\$ <i>139930.33</i>	\$ <i>139930.33</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) _____	\$ <i>1000.00</i>	For further information contact: Federal Election Commission 999 E Street NW Washington, DC 20460 Toll Free 800-424-9630 Local 202-854-1100
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

Date

Adriana J. Lodge Treasurer

Adriana J. Lodge

3-12-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Congressional Majority Committee		FROM 1-1-80	TO: 2-18-80	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			11(a)(iii)
i.	Itemized (use Schedule A)	35000.00	35000.00	11(a)(ii)
k.	Unitemized			11(a)(i)
ii.	Total (add i and a) >	35000.00	35000.00	11(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)	10922.76	10922.76	11(d)
d.	Total Contributions (add a, b, and c) >	45922.76	45922.76	12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received			14
14.	Loan Repayments Received	1000.00	1000.00	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17.	Other Federal Receipts (Dividends, Interest, etc.)			18
18.	Transfers from Nonfederal Account for Joint Activity			19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	46922.76	46922.76	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	46922.76	46922.76	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share	6360.06	6360.06	21(a)(ii)
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures			21(c)
c.	Total Operating Expenditures (add a, i, and b) >	6360.06	6360.06	22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees			24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			28(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees			28(c)
b.	Political Party Committees			28(d)
c.	Other Political Committees (such as PACs)			29
d.	Total Contribution Refunds (add a, b and c) >			30
29.	Other Disbursements			31
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6360.06	6360.06	
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	6360.06	6360.06	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	45922.76	45922.76	32
33.	Total Contribution Refunds (from line 28d)	0		33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	45922.76	45922.76	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	6360.06	6360.06	35
36.	Offsets to Operating Expenditures (from line 15)	0		36
37.	Net Operating Expenditures (subtract line 36 from 35) >	6360.06	6360.06	37

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 contributors.

NAME OF COMMITTEE (or Fund)			
Congressional Majority Committee			
<p>A. Full Name, Mailing Address and ZIP Code Oxford Health Plans, Inc. Committee for Quality HealthCare 400 Monroe Turnpike Bristol, CT 06011</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 0</p>	<p>Date (month, day, year) 2/03/2000</p>	<p>Amount of Cash Received This Period 1000.⁰⁰</p>
<p>B. Full Name, Mailing Address and ZIP Code Health Industry Manufacturers PAC 1200 G St. N.W. Washington, D.C. 20005-5004</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 0</p>	<p>Date (month, day, year) 2/11/2000</p>	<p>Amount of Cash Received This Period 1000.⁰⁰</p>
<p>C. Full Name, Mailing Address and ZIP Code Microsoft Corporation, PAC 16011 N.E. 36th Way Redmond, Washington 98073</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 0</p>	<p>Date (month, day, year) 2/1/2000</p>	<p>Amount of Cash Received This Period 1,500.⁰⁰</p>
<p>D. Full Name, Mailing Address and ZIP Code National Association of Health Underwriters 1000 Connecticut Ave. NW #200 Washington, D.C. 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 0</p>	<p>Date (month, day, year) 2/7/2000</p>	<p>Amount of Cash Received This Period 1,500.⁰⁰</p>
<p>E. Full Name, Mailing Address and ZIP Code Delta PAC (Multi-candidate) 1515 W. 22nd St. Suite 1200 Oak Brook, IL 60052-1</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 0</p>	<p>Date (month, day, year) 1/29/2000</p>	<p>Amount of Cash Received This Period 1,500.⁰⁰</p>
<p>F. Full Name, Mailing Address and ZIP Code Health Insurance PAC 555 13th St. NW Ste. 600 East Washington, D.C. 20004-1109</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 0</p>	<p>Date (month, day, year) 2/03/2000</p>	<p>Amount of Cash Received This Period 1,500.⁰⁰</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 0</p>	<p>Date (month, day, year)</p>	<p>Amount of Cash Received This Period</p>

TOTAL of Receipts This Page (8000)
 TOTAL This Period (see page 001 for number 000) 8000.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3

FOR LINE NUMBER

110

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

CD0117721

A. Full Name, Mailing Address and ZIP Code Ked PAC 501 Penn NW #245 Washington DC 20004	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/1/00	Amount of Each Receipt This Period 2922.76 (Embevel)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

2922.76

TOTAL This Period (last page this line number only)

10922.76

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER 1121

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 contributor.

NAME OF COMMITTEE (If 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
Dakoreh Seltman 555 12th St NW #1230 Washington D.C.	Seltman & Assoc. Occupation: self employed Aggregate Year-to-Date > 1	1/14/2000	30.00 ⁰⁰
James F. Fisherty 211 South Bristol Ave Los Angeles, CA 90049	Information requested Occupation: Aggregate Year-to-Date > 1	2/15/2000	1000. ⁰⁰
Albert W. Rice, IV 70 Pomeraul Rd. Madison, N.J. 07940	Merrill Lynch Occupation: finance analyst Aggregate Year-to-Date > 1	2/14/2000	3000. ⁰⁰
Debra A. Cafaro 240 S Ave. Glencoe, IL 60522-1754	Ventos Occupation: President Aggregate Year-to-Date > 1	2/1/2000	1000. ⁰⁰
Steven Tighe 25 Sycamore St. Bronxville, NY 10708-1810	Merrill Lynch Occupation: finance analyst Aggregate Year-to-Date > 1	2/14/2000	1000. ⁰⁰
James M Hoyer 2832 Meadowbrook Dr. Schnecksville, PA 18078	Fortivest America Occupation: Aggregate Year-to-Date > 1	2/7/2000	1,000. ⁰⁰
Edward C. Malmstrom 6 Harwood Dr. Madison, N.J. 07940	Information requested Occupation: Aggregate Year-to-Date > 1	2/7/2000	1,000. ⁰⁰

SUBTOTAL of Receipts This Page (optional)

11,000.⁰⁰

TOTAL This Period (see also this line number only)

Any contribution subject to such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for campaign purposes, other than using the name and address of any political committee to solicit contributions from such operations.

NAME OF COMMITTEE (in full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other Party: <input type="checkbox"/>	Name of Employer Date (month, day, year)	Amount of Each Receipt (in full)
Jonathan H. Rather 83 Hastings Ln. Stamford, CT 06905 <input checked="" type="checkbox"/> Party <input type="checkbox"/> General	Info requested 02/07/2000	500.00
Anthony J. Denicola 151 Birch Rd. Franklin Lakes, NJ 07417 <input checked="" type="checkbox"/> Party <input type="checkbox"/> General	Information requested 02/07/2000	500.00
Anthony J. Denicola 151 Birch Rd. Franklin Lakes, NJ 07417 <input checked="" type="checkbox"/> Party <input type="checkbox"/> General	Information requested 02/7/2000	500.00
Andrew M. Paul 283 Pondfield Rd. Bronxville, NY 10708 <input checked="" type="checkbox"/> Party <input type="checkbox"/> General	Satellite Broadcasts & Communications DP Gov. Affairs 2/7/2000	1000.00
Andrew M. Paul 283 Pondfield Rd. Bronxville, NY 10708 <input checked="" type="checkbox"/> Party <input type="checkbox"/> General	Satellite Broadcasts & Communications DP Gov Affairs 2/7/2000	1000.00
David Quessly 107 Lone Tree Farm Rd. New Canaan, CT 06840 <input checked="" type="checkbox"/> Party <input type="checkbox"/> General	First Health Group DP 2/7/2000	1000.00
Lawrence B. Sorral 12 Reamer Rd. Scarsdale, NY 10583 <input checked="" type="checkbox"/> Party <input type="checkbox"/> General	Information requested 2/7/2000	1000.00

5500.00

EXCESSIVE: If People This Page (optional)

TOTAL: The Total (last page line line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Quarterly Report

PAGE 3 OF 5
FOR LINE NUMBER 1121

Any information copied from such Reports and Exhibits 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 such persons from such contributions.

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 (in Dollars)
David Mayer 2135 N. Clifton Ave. Chicago, IL 60614 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Thoma Cressey Occupation	2/1/2000	1000. ⁰⁰
B. Full Name, Mailing Address and ZIP Code Norman C. Payson Park Hall Rd Pen Argon, PA Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Oxford Health Occupation	2/3/2000	1000. ⁰⁰
C. Full Name, Mailing Address and ZIP Code James D. Forbes 40 E 80th St. 19A New York, NY 10021-0237 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Merrill Lynch Occupation	2/07/2000	1000. ⁰⁰
D. Full Name, Mailing Address and ZIP Code Victor Campbell 1307 Chickering Rd. Nashville, TN 37215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Columbia/HCA Health Occupation	2/07/2000	1000. ⁰⁰
E. Full Name, Mailing Address and ZIP Code Russell L. Carson P.O. East 6th St. New York, NY 10021-1122 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	info requested Occupation	2/07/2000	5000. ⁰⁰
F. Full Name, Mailing Address and ZIP Code Sanjay Swami Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	info requested Occupation	2/07/2000	250. ⁰⁰
G. Full Name, Mailing Address and ZIP Code D Scott Mackesy 200 Mercer St. Apt 7M New York, NY 10003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	information requested Occupation	01/07/2000	250. ⁰⁰

9500.⁰⁰

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (fill page this line number only)

SCHEDULE A

FINANCED RECEIPTS

The amount contributed by each category of the Greater Summary Page

PAGE 4 OF 5
FORS LINE NUMBER
1101

Any information copied from these Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for any other purpose, other than using the name and address of any political committee to solicit contributions from such sources.

NAME OF CONTRIBUTOR (In Full)

Congressional Majority Committee C00117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Receipt (in Dollars)
Robert Minicucci 7 Hilltop Rd. South Norwalk, CT 06854	Info. Requested	2/7/2000	1000. ⁰⁰
Patrick J. Welsh 3 Essex Rd. Summit, NJ 07901-2801	Info Requested	2/7/2000	1000. ⁰⁰
Patrick J. Welsh 3 Essex Rd. Summit, NJ 07901-2801	Info Requested	2/7/2000	1000. ⁰⁰
Thomas E. McInerney 255 East 44th St. PHB New York, NY 10017	Info Requested	2/7/2000	1000. ⁰⁰
Thomas E. McInerney 255 East 44th St. PHB New York, NY 10017	Info Requested	2/7/2000	1000. ⁰⁰
Thomas L. Mink 645 Ranges Court Doverville, MD 21035	Info Requested	2/7/2000	1000. ⁰⁰
Stephen R. Puckett 2224 Kingsmill Ter. Charlotte, NC 28270	Info Requested	2/7/2000	1000. ⁰⁰

7000.⁰⁰

RECAPITULATION of Receipts This Page (optional)

TOTAL This Page (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use additional sheets for each category of item detailed elsewhere Page

Page **515**
FOR LINE NUMBER
121

Any information reported both on this Form and elsewhere may not be used by any person for the purpose of making contributions or for any other purpose other than using the name and address of any political candidate to solicit contributions from such contributors.

NAME OF CONTRIBUTOR (in Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code

**Kenneth Melkus
261 Castlewood Ct.
Nashville, TN 37215**

Receipt For: Primary General Other (specify):

Name of Employer

Info requested

Occupation

Date (month, day, year)

2/4/2000

Amount of Cash Received (in Full)

1000.⁰⁰

Aggregate Year-to-Date > 0

B. Full Name, Mailing Address and ZIP Code

**Kenneth Melkus
261 Castlewood Ct.
Nashville, TN 37215**

Receipt For: Primary General Other (specify):

Name of Employer

Info requested

Occupation

Date (month, day, year)

2/4/2000

Amount of Cash Received (in Full)

1000.⁰⁰

Aggregate Year-to-Date > 0

C. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Amount of Cash Received (in Full)

Aggregate Year-to-Date > 0

D. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Amount of Cash Received (in Full)

Aggregate Year-to-Date > 0

E. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Amount of Cash Received (in Full)

Aggregate Year-to-Date > 0

F. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Amount of Cash Received (in Full)

Aggregate Year-to-Date > 0

G. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Amount of Cash Received (in Full)

Aggregate Year-to-Date > 0

TOTAL of Receipts This Page (optional)

2000.⁰⁰

TOTAL This Period (last page (US line number only))

35,000.⁰⁰

Any information copied from your reports and statements may not be used or used by any person for the purpose of making contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such persons.

NAME OF COMMITTEE (in Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code
Chalet for Congress
105 W. 4th St. Room 1133
Cincinnati, OH 45202

Name of Employer
Occupation
Aggregate Year-to-Date > 1

Date (month, day, year)
2/1/2008

Amount of Cash Received This Period
1000.00

Receipt For: Other (Specify):
B. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Aggregate Year-to-Date > 2

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: Primary General
 Other (Specify):
C. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Aggregate Year-to-Date > 3

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: Primary General
 Other (Specify):
D. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Aggregate Year-to-Date > 4

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: Primary General
 Other (Specify):
E. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Aggregate Year-to-Date > 5

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: Primary General
 Other (Specify):
F. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Aggregate Year-to-Date > 6

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: Primary General
 Other (Specify):
G. Full Name, Mailing Address and ZIP Code

Name of Employer
Occupation
Aggregate Year-to-Date > 7

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: Primary General
 Other (Specify):

1000.00

EXCEPTION: of Receipts This Page (optional)

1000.00

TOTAL This Period (do not prepare this number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 111

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 (to Post)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code

Mail Boxes Etc.

Purpose of Disbursement

MAIL

Disbursement for: Primary General

Other (specify)

Date (month, day, year)

1/31/2000

Amount of Each Disbursement This Period

27.65

B. Full Name, Mailing Address and ZIP Code

Victory Funds
2505 Stonerogate Dr. N
Bedford, TX 76021

Purpose of Disbursement

TELEPHONE

Disbursement for: Primary General

Other (specify)

Date (month, day, year)

1/20/2000

Amount of Each Disbursement This Period

409.45

C. Full Name, Mailing Address and ZIP Code

Victory Funds
2505 Stonerogate Dr. N
Bedford, TX 76021

Purpose of Disbursement

SURVIVIS - JAN

Disbursement for: Primary General

Other (specify)

Date (month, day, year)

1/27/2000

Amount of Each Disbursement This Period

3000.00

D. Full Name, Mailing Address and ZIP Code

Fed PAC
801 Fern Ave NW # 245
Washington DC 20004

Purpose of Disbursement

COST OF HOSTING
FUNDRAISER

Disbursement for: Primary General

Other (specify)

Date (month, day, year)

2/1/2000

Amount of Each Disbursement This Period

2922.76
(In kind)

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General

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: Primary General

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: Primary General

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: Primary General

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: Primary General

Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

TOTAL of Disbursements This Page (options)

6360.06

TOTAL This Period (add page this line number only)

6360.06

LOANS

Name of Committee (In Full) Congressional Majority Committee		CC0117771	
A. Full Name, Mailing Address and ZIP Code of Loan Source Chabot for Congress 3014 Harrison Ave Cincinnati OH 45211		Original Amount of Loan \$1000.00	Cumulative Payment To Date
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period \$ 1000.00	
Terms: Date Incurred 6-28-95 Date Due _____ Interest Rate _____ % (apr)		<input type="checkbox"/> Secured	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period	
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)		<input type="checkbox"/> Secured	
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding: \$	

SUBTOTALS This Period This Page (optional) **1000.00**

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-14-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>[Signature]</i> PREPARER	 4-22-00 DATE PREPARED