

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 20 P 4:02

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) New Republican Majority Fund	2. FEC IDENTIFICATION NUMBER C00300483
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 201 North Union Street Suite 530	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Alexandria, VA 22314	

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>9/1/00</u> through <u>9/30/00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 390,112.83
(b) Cash on Hand at Beginning of Reporting Period	\$ 163,367.50	
(c) Total Receipts (from Line 10)	\$ 281,885.89	\$ 1,555,168.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 445,253.39	\$ 1,945,281.62
7. Total Disbursements (from Line 30)	\$ 142,500.07	\$ 1,642,528.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 302,753.32	\$ 302,753.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
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 in the best of my knowledge and belief it is true, correct and complete.		

Type or Print Name of Treasurer Charles Ballou, Treasurer	
Signature of Treasurer <i>Charles Ballou</i>	Date 10/20/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
New Republican Majority Fund		FROM 9/1/00	TO: 9/30/00
		COLUMN A Total This Period	COLUMN B Calendar Year
Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	101,980.00	249,261.00
ii.	Unitemized	76,308.65	812,544.31
iii.	Total (add i and ii) >	178,288.65	1,061,805.31
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)	103,500.00	412,500.00
d.	Total Contributions (add a ii, b and c) >	281,788.65	1,474,305.31
12.	Transfers From Affiliated/Other Party Committees		26,568.56
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	58.01	49,091.41
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		5,000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	39.23	203.51
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18) >	281,885.89	1,555,168.79
20.	Total Federal Receipts (subtract line 18 from line 19) >	281,885.89	1,555,168.79
Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures	118,500.07	1,509,135.25
c.	Total Operating Expenditures (add a i, a ii, and b) >	118,500.07	1,509,135.25
22.	Transfers to Affiliated/Other Party Committees		8,000.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	24,000.00	123,893.05
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		
28.	Refunds of Contributions To:		
a.	Individual/Persons Other Than Political Committees		500.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c) >		500.00
29.	Other Disbursements		1,000.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	142,500.07	1,642,528.30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	142,500.07	1,642,528.30
Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	281,788.65	1,474,305.31
33.	Total Contribution Refunds (from line 28d)	0	500.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	281,788.65	1,473,805.31
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	118,500.07	1,509,135.25
36.	Offsets to Operating Expenditures (from line 15)	58.01	49,091.41
37.	Net Operating Expenditures (subtract line 36 from 35) >	118,442.06	1,460,043.84

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 16
FOR LINE NUMBER 11 a.1

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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VERNA DRIVENESS 1000 N LAKE AVE. # 214 SIOUX FALLS, SD 57104-1321	RETIRE	09/01/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRE	Aggregate Year-to-Date \$ 1,540.00	
B. Full Name, Mailing Address and ZIP Code DONALD GEARY 6 EDGEWOOD LN N GEARY CONSTRUCTION COMPANY CENTRALIA, IL 62801-3708	Geary Construction Company	08/01/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code RENEE MONTGOMERY 3101 BOARDWALK ATLANTIC CITY, NJ 08401-5100	RETIRE	08/05/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRE	Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code RAYMOND SCHWAB 211 W. 1ST STREET, APT. C OWASSO, OK 74056-2938	ARROW CONDOR	09/05/00	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LABOR	Aggregate Year-to-Date \$ 285.00	
E. Full Name, Mailing Address and ZIP Code MARIE SEAMAN 1231 EISNER AVE. APT. 225 SHEBOYGAN, WI 53083-3061	RETIRE	09/05/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRE	Aggregate Year-to-Date \$ 205.00	
F. Full Name, Mailing Address and ZIP Code Helen Little 354 Highway 40 Rienzi, MS 38865	Retired	09/07/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code Daniel Tucker 206 Ridgemont Circle Booneville, MS 38829	Langston, Langston, Michael, Bowen & Tucker	09/07/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 5,000.00	

SUBTOTAL of Receipts This Page (optional) 10,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 15
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
P.L. Blake 809 Bell Avenue Greenwood, MS 38930	Retired	09/07/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code Shirley Blake 809 Bell Avenue Greenwood, MS 38930	Housewife	09/07/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife Aggregate Year-to-Date > \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code Emmitte J. Haddox 4769 West Cheryl Drive Jackson, MS 39211	Information Requested	09/07/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$ 5,000.00		
D. Full Name, Mailing Address and ZIP Code J. B. Kirk P.O. Box 670 Grenada, MS 38901	Auto Dealership	09/07/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner Aggregate Year-to-Date > \$ 5,000.00		
E. Full Name, Mailing Address and ZIP Code Ronald Michael P.O. Box 767 Booneville, MS 38828	Langston, Langston, Michael, Bowen & Tucker	09/07/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$ 5,000.00		
F. Full Name, Mailing Address and ZIP Code Thomas D. Keenum P.O. Box 418 Booneville, MS 38829	Self-employed	09/07/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Tom Amoss 10732 Hobbs Station Road Louisville, KY 40223	Tom Amoss Racing Stable	09/07/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner Aggregate Year-to-Date > \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional) 30,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 12 of 1

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROSS STAPLES 111 NORTON AVENUE #3 SOUTH EASTON, MA 02375-1225	RETIRED	09/07/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	260.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BARBARA BAKKELA 101 CMC CENTER DRIVE NE APT. 315 ROCHESTER, MN 56008-3710	RETIRED	09/12/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C.J. MCWHORTER 115 KOLB RD HOUSTON, TX 77017-7302	RETIRED	09/12/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NORMAN SANDELL 307 COLDEWAY DRIVE, #F7 PUNTA GORDA, FL 33950-5283	RETIRED	09/12/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	650.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C. GATES P.O. BOX 4082 INCLINE VILLAGE, NV 89450-4082	RETIRED	09/13/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J. HAGGAR JR. 7428 GLENSHANNON CIR. DALLAS, TX 75225-2048	RETIRED	09/13/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	650.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GWENDOLYN STAFF 5555 MONTGOMERY DR. #G201 SANTA ROSA, CA 95409-8822	RETIRED	09/13/00	265.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	265.00	

SUBTOTAL of Receipts This Page (optional) 1,785.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt This Period
Christopher Myrick 5420 Mahan Road Bethesda, MD 20818	Occupation Information Requested	08/14/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Christine Toratti 2426 Oak Drive Indiana, PA 15701	SW Jack Drilling Company	09/14/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Aggregate Year-to-Date > \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Lundy 213 Woodrun Drive Ridgeland, MS 39157	John Lundy & Associates, LLC	09/14/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner Aggregate Year-to-Date > \$ 5,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KATHLEEN OWREN 577 FERNWALK LANE OSPREY, FL 34229-9059		09/15/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED Aggregate Year-to-Date > \$ 700.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
VERNA DRIVENESS 1000 N LAKE AVE. # 214 SIOUX FALLS, SD 57104-1321		09/16/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED Aggregate Year-to-Date > \$ 1,740.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DOROTHY BAMBAUER 19186 KETTLERSVILLE ROAD NEW KNOXVILLE, OH 45871-9510		09/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED Aggregate Year-to-Date > \$ 350.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GEORGIA CATRINI 6301 FORT AVE APT 8 LYNCHBURG, VA 24502-1842		09/19/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED Aggregate Year-to-Date > \$ 278.00		

SUBTOTAL of Receipts This Page (optional) 11,650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 15
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code MARSHALL WALKER 623 NEELY'S CREEK RD ROCK HILL, SC 29730-9664</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 RETIRED</p> <p>Aggregate Year-to-Date > \$ 226.00</p>	<p>Date (month, day, year) 09/19/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code MILDRED BEATTY 73342 TAMARISK ST. PALM DESERT, CA 92260-5722</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 RETIRED;</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year) 09/20/00</p>	<p>Amount of Each Receipt this Period 80.00</p>
<p>C. Full Name, Mailing Address and ZIP Code NELSON DAVENPORT 5387 RAWLINGS ROAD JOELTON, TN 37050-8775</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 RETIRED;</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year) 09/20/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code ROBERT DI VALL 1450 W. BLACKHAWK LN. MOUNT PROSPECT, IL 60056-3634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/20/00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code VERNON ERIKSSON 7148 ESTERO BLVD., #321 FORT MYERS BEACH, FL 33931-4721</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 RETIRED</p> <p>Aggregate Year-to-Date > \$ 760.00</p>	<p>Date (month, day, year) 09/20/00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code HARRIET NEIMES 3623 6TH STREET #404-C WAUSAU, WI 54403-1813</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 RETIRED</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 09/20/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code HAZEL NORMAN 3011 SHEDDAN DR COLUMBIA, TN 38401-5035</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 RETIRED</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 09/20/00</p>	<p>Amount of Each Receipt this Period 300.00</p>

SUBTOTAL of Receipts This Page (optional) **1,180.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 16
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code WILLIAM PADDOCK PO BOX 39676 ROCHESTER, NY 14604-9676	Name of Employer SELF	Date (month, day, year) 09/20/00	Amount of Each Receipt this Period 150.00
	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code JONATHAN PARDEE 226 BELLEVUE AVE., SUITE 3 NEWPORT, RI 02840-3693	Name of Employer SELF	Date (month, day, year) 09/20/00	Amount of Each Receipt this Period 200.00
	Occupation FINANCIAL SERVICES	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code LENA PRIETTE 413 MARIPOSA STREET CARLSBAD, NM 88220-6887	Name of Employer	Date (month, day, year) 09/20/00	Amount of Each Receipt this Period 150.00
	Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code MERIBETH TATUM BOX 87 COLONY, KS 66015-0087	Name of Employer	Date (month, day, year) 09/20/00	Amount of Each Receipt this Period 60.00
	Occupation RETIRED	Aggregate Year-to-Date > \$ 253.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code LORENZO TAYLOR 525-58 W. EL NORTE PARKWAY ESCONDIDO, CA 92026-3907	Name of Employer	Date (month, day, year) 09/20/00	Amount of Each Receipt this Period 50.00
	Occupation RETIRED	Aggregate Year-to-Date > \$ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code MARIE WHITEHEAD 4702 18TH AVENUE COLUMBUS, GA 31904-6030	Name of Employer	Date (month, day, year) 08/20/00	Amount of Each Receipt this Period 50.00
	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code MRS. L. WHITMEYER JR. ROUTE 1, BOX 110 COLMESNEIL, TX 75935-9704	Name of Employer	Date (month, day, year) 08/20/00	Amount of Each Receipt this Period 600.00
	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 1,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **7** OF **15**
FOR LINE NUMBER **11 a**

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code JAMES GATEWOOD BOX 808 TYLER, TX 75710-0808	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 50.00
	Occupation RETIRED	9/18/00 09/20/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		100.00
B. Full Name, Mailing Address and ZIP Code JOHN MCGEE JR. 4020 SOUTH Q STREET FORT SMITH, AR 72803-3438	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 50.00
	Occupation RETIRED	09/20/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 220.00		
C. Full Name, Mailing Address and ZIP Code VERNA DRIVENESS 1000 N LAKE AVE. # 214 SIOUX FALLS, SD 57104-1321	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation RETIRED	09/20/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,990.00		
D. Full Name, Mailing Address and ZIP Code VERNON BROOKS 1288 KENDRA LANE HOWELL, MI 48843-8188	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 25.00
	Occupation RETIRED	09/21/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 275.00		
E. Full Name, Mailing Address and ZIP Code JAMES EAGLESON 3315 E ST ANDREWS WAY SEATTLE, WA 98112-3749	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 400.00
	Occupation RETIRED	09/21/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code C. LUTHER 6 GUNPOWDER ROAD MECHANICSBURG, PA 17050-7338	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 150.00
	Occupation RETIRED	09/21/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code CHARLES MILLER JR PO BOX 480686 LINDEN, AL 36748-0686	Name of Employer SELF	Date (month, day, year)	Amount of Each Receipt this Period 300.00
	Occupation FORESTRY	09/21/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code PIRME MOORE P.O. BOX 9867 BIRMINGHAM, AL 35220-0867</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Aggregate Year-to-Date > \$ 275.00</p>	<p>Date (month, day, year) 08/21/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code J. SHEPHERD 286 OGLETHORPE CIRCLE SEA ISL, GA 31501</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SELF</p> <p>Occupation CONTRACTOR</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 08/21/00</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>C. Full Name, Mailing Address and ZIP Code DOROTHY CHOURNOS 1885 E. MAIN ST. TREMONTON, UT 84337-8733</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 09/22/00</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>D. Full Name, Mailing Address and ZIP Code COLLETTE FINALE 3746 VANTAGE AVENUE STUDIO CITY, CA 91604-3634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 09/22/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code MABEL LESTER 350 EAST EVA STREET, APT. 407 PHOENIX, AZ 85020-2557</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 09/22/00</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>F. Full Name, Mailing Address and ZIP Code HENRY MC INTYRE 55 SERRANO DRIVE ATHERTON, CA 94027-3951</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 09/22/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code IVA MILLER 205 TRACE STREET MANY, LA 71445-2532</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RETIRED</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year) 09/22/00</p>	<p>Amount of Each Receipt this Period 225.00</p>

SUBTOTAL of Receipts This Page (optional) **1,375.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code LELAND SNOW 3708 CEDAR ELM LN. WICHITA FALLS, TX 76308-2308</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AIR TRACTOR, INC.</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 08/22/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code NORMAN SANDELL 307 COLDEWAY DRIVE, #F7 PUNTA GORDA, FL 33980-5283</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 RETIRED</p> <p>Aggregate Year-to-Date > \$ 1,650.00</p>	<p>Date (month, day, year) 08/22/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code MARIE SEAMAN 1231 EISNER AVE. APT. 225 SHEBOYGAN, WI 53083-3061</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 RETIRED</p> <p>Aggregate Year-to-Date > \$ 305.00</p>	<p>Date (month, day, year) 08/22/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code SALLY BROWN 68 10TH STREET NILES, OH 44448-4385</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 RETIRED</p> <p>Aggregate Year-to-Date > \$ 215.00</p>	<p>Date (month, day, year) 09/25/00</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>E. Full Name, Mailing Address and ZIP Code ROSS STAPLES 111 NORTON AVENUE #3 SOUTH EASTON, MA 02375-1225</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 RETIRED</p> <p>Aggregate Year-to-Date > \$ 380.00</p>	<p>Date (month, day, year) 08/26/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code David E. Franasiak 873 Coachway Annapolis, MD 21401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Williams and Jensen</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 08/27/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code MS Band of Choctaw Indians P.O. Box 6090 Philadelphia, MS 39350</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 > \$ 1,000.00</p>	<p>Date (month, day, year) 08/27/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional) **3,525.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Richard F. Scruggs P.O. Drawer 1424 Pascagoula, MS 39568 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 5,000.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 6,000.00		
B. Full Name, Mailing Address and ZIP Code Paul Benton P.O. Box 1341 Biloxi, MS 39533 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 5,000.00
	Occupation Attorney At Law Aggregate Year-to-Date > \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code David McCormick P.O. Box 865 Pascagoula, MS 39567 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 5,000.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 6,000.00		
D. Full Name, Mailing Address and ZIP Code Shawn H. Smalley 1310 Bishop Lane Alexandria, VA 22302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Continental Group	Date (month, day, year) 08/27/00	Amount of Each Receipt this Period 1,000.00
	Occupation Partner Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code MS Band of Choctaw Indians P.O. Box 8090 Philadelphia, MS 39350 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 4,000.00
	Occupation Aggregate Year-to-Date > \$ 6,000.00		
F. Full Name, Mailing Address and ZIP Code S. Robson Walton P.O. Box 1880 Bentonville, AR 72712 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 5,000.00
	Occupation Investor Aggregate Year-to-Date > \$ 6,000.00		
G. Full Name, Mailing Address and ZIP Code Doug Badger 5496 Blue Coat Lane Columbia, MD 21046 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 1,000.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 28,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD DONOHOE 2101 WISCONSIN AVE. N.W. WASHINGTON, DC 20007	Information Requested	09/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	250.00	
WILLIAM GENNOY 917 GREEN ACRES DRIVE FRESNO, CA 93720-2570	N. W. FASTENER SALES, INC.	09/27/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.E.O. & BOARD		
	Aggregate Year-to-Date > \$	300.00	
FRANK GENOVESE RR 7 KITANNING, PA 19201-8807	Information Requested	09/27/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	400.00	
ELIOT JENKINS 13510 RIVER ROAD, # 307-T PORTLAND, OR 97222-8030	Information Requested	09/27/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > \$	400.00	
BRUCE KLAAS 2517 INNISBROOK COURT CASTLE ROCK, CO 80104	Information Requested	09/27/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	1,000.00	
JUANITA MEYERS 689 SW GIERRA ST. CAMAS, WA 98607-2536	Information Requested	09/27/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > \$	240.00	
EDWARD SJOQUIST 15024 N. MCKINNON COURT MEAD, WA 99021-4484	REEL CABLE	09/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSTRUCTION		
	Aggregate Year-to-Date > \$	750.00	

SUBTOTAL of Receipts This Page (optional) **1,825.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code JOHN TODD 1188 S. E. HAWTHORNE DRIVE ROSEBURG, OR 97470-4305	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Hamid R. Quraishi 5300 Mount Vernon Circle Alexandria, VA 22309	Name of Employer Kimberly Consulting, LLC Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Richard H. Kimberly 1318 Shipwreck Road McLean, VA 22101	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Barona Band of Mission Indians 1095 Barona Road Lakeside, CA 92040	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fulbright & Jaworski Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Samuel S. Brunell 15482 Guff Boulevard Unit 508 Madeira Beach, FL 33708	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional) 6,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Walker 6065 Parkridge Drive East Petersburg, PA 17520	Information Requested	09/28/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	1,000.00	
B. Full Name, Mailing Address and ZIP Code Carol B. Hallett 1301 Pennsylvania Avenue, NW #1100 Washington, DC 20004	Air Transport Association	09/28/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO		
	Aggregate Year-to-Date > \$	1,000.00	
C. Full Name, Mailing Address and ZIP Code BERT ALBERTY 12222 BLANCO ROAD APT. 1807 SAN ANTONIO, TX 78218-2116	Information Requested	09/28/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	800.00	
D. Full Name, Mailing Address and ZIP Code JAMES CRANFILL 4420 MOUNTAIN DR AMARILLO, TX 79108-5332	Information Requested	09/28/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > \$	225.00	
E. Full Name, Mailing Address and ZIP Code NORMAN FRID 374 N ROGERS STREET NORTHVILLE, MI 48167-1448	Information Requested	09/28/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	225.00	
F. Full Name, Mailing Address and ZIP Code NORMAN KUGLER 1730 S GESSNER ROAD, STE 122 MS MARY ANN KUGLER HOUSTON, TX 77083-4118	Information Requested	09/28/00	160.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > \$	225.00	
G. Full Name, Mailing Address and ZIP Code RAYMOND OSBORN 8652 KEDVALE AVENUE SKOKIE, IL 60076-2115	Information Requested	09/28/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > \$	225.00	

SUBTOTAL of Receipts This Page (optional) 2,785.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
New Republics Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code CHARLES RICE P.O. BOX 2267 SOUTH HAMILTON, MA 01982-0267</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/28/00</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>B. Full Name, Mailing Address and ZIP Code GEORGE RUHLEN 6700 POST OAK LANE, # 368 SAN ANTONIO, TX 78217</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DEPT. OF ARMY</p> <p>Occupation OFFICER U.S. AR</p> <p>Aggregate Year-to-Date > \$ 375.00</p>	<p>Date (month, day, year) 08/28/00</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>C. Full Name, Mailing Address and ZIP Code HUGH WECKERLY 2972 CHATSWORTH BLVD. SAN DIEGO, CA 92108-1484</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 09/28/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code BARBARA BAKKELA 101 CIVIC CENTER DRIVE NE APT. 316 ROCHESTER, MN 55906-3719</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 09/28/00</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>E. Full Name, Mailing Address and ZIP Code CLARENCE DODGE JR 6146 PALISADE LN NW WASHINGTON, DC 20016-5337</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 230.00</p>	<p>Date (month, day, year) 09/29/00</p>	<p>Amount of Each Receipt this Period 115.00</p>
<p>F. Full Name, Mailing Address and ZIP Code LOUISE FROST 97 LORING RD WESTON, MA 02493-2453</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation HOMEMAKER</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date (month, day, year) 9/20/00 09/29/00</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>G. Full Name, Mailing Address and ZIP Code WILTON HAMBOND P.O. BOX 985006 FORT WORTH, TX 76185</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/29/00</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

1390.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code BURNEY HARTRIDGE 125 HERITAGE DRIVE, A-4 ST SIMONS IS, GA 31522-2023</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 09/26/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>B. 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 Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. 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 Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. 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 Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. 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 Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. 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 Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</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 Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>101,980.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code GlaxoWellcome Inc. PAC Five Moore Drive P.O. Box 13368 Research Triangle, NC 27709	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/14/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		5,000.00
B. Full Name, Mailing Address and ZIP Code Federal Express PAC 1960 Nonconnah Boulevard Memphis, TN 38132	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/14/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		5,000.00
C. Full Name, Mailing Address and ZIP Code Owens Corning Better Government Fund One Owens Corning Pkwy Toledo, OH 43688	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/14/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		5,000.00
D. Full Name, Mailing Address and ZIP Code Ryder Employees PAC 3600 N.W. 82nd Avenue Miami, FL 33166	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/27/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
E. Full Name, Mailing Address and ZIP Code Biotechnology Industry Organization PAC 1628 K Street, NW Washington, DC 20006	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/27/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
F. Full Name, Mailing Address and ZIP Code American Crystal Sugar Co. PAC 101 North Third Street Moorhead, MN 56560	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/27/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		5,000.00
G. Full Name, Mailing Address and ZIP Code Nabisco, Inc. Political Action Committee P.O. Box 311 Parsippany, NJ 07054	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	09/27/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00

SUBTOTAL of Receipts This Page (optional)	23,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7
FOR LINE NUMBER 11 c

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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Union Pacific Corp Fund for Effective Gov't 600 13th Street, N.W. Suite 340 Washington, DC 20006	Name of Employer Occupation	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code Americhem PAC - DBA Chemical Manufacturers 1300 Wilson Blvd. Attn: Leslie Kaplan Arlington, VA 22209	Name of Employer Occupation	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Natl Chicken Council PAC 1015 Fifteenth Street, NW Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
D. Full Name, Mailing Address and ZIP Code Verizon Communications Good Govt Club 1717 Arch Street 47th Floor South Philadelphia, PA 19103	Name of Employer Occupation	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Tom James Company PAC 1155 Twenty First Street, NW Suite 300 Washington, DC 20038	Name of Employer Occupation	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code The House Co. Employees PAC 10275 Little Patuxent Parkway Columbia, MD 21044	Name of Employer Occupation	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code American Hotel Motel PAC 1201 New York Avenue 6th Floor Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional) **13,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pacific Life Insurance Co. PAC 700 Newport Center Drive Newport Beach, CA 92690		09/27/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PriceWaterhouseCoopers PAC I 1800 K Street, NW Washington, DC 20006		09/27/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The American Institute of Architects PAC 1735 New York Ave, NW Washington, DC 20006		09/27/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merrill Lynch & Company Inc. PAC 1455 Pennsylvania Ave., N.W. Suite 960, North Tower 31st Fl Washington, DC 20004		09/27/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Internet Leadership PAC 505 Hubmar Park Drive Herndon, VA 20170		09/27/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anderson Consulting PAC 800 Connecticut Avenue Suite 600 Washington, DC 20006		09/27/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Food Distributors Voice in Politics Committee 201 Park Washington Court Falls Church, VA 22046		09/28/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 16,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Lyondell Chemical Co PAC/Lyondell PAC 700 Thirteenth Street, NW Suite 850 Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt This Period 3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,000.00		
B. Full Name, Mailing Address and ZIP Code Forest Landowners Assn, Inc PAC PO Box 95385 Atlanta, GA 30347	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt This Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
C. Full Name, Mailing Address and ZIP Code The Pittston Company PAC 1000 Virginia Center Parkway PO Box 4229 Glen Allen, VA 23065	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Sulza Foods Corp. PAC 2515 McKinney Avenue Suite 1200 Dallas, TX 76201	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Thelen Reid & Priest PAC 701 Pennsylvania Avenue, NW Suite 800 Washington, DC 20004	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code American Hospital Assn PAC 325 Seventh Street NW Washington, DC 20007	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt This Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code Holland & Knight Committee for Effective Govt. 2100 Pennsylvania Avenue, NW Suite 400 Washington, DC 20037	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 11,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code Food Marketing Institute PAC (Food PAC) 855 Fifteenth Street, NW Washington, DC 20005</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 > \$ 2,000.00</p>	<p>Date (month, day, year)</p> <p>09/28/00</p>	<p>Amount of Each Receipt this Period</p> <p>2,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code APRO PAC 9015 Mountain Ridge Drive Suite 220 Austin, TX 78759</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 > \$ 2,500.00</p>	<p>Date (month, day, year)</p> <p>09/28/00</p>	<p>Amount of Each Receipt this Period</p> <p>2,500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Northwestern Mutual Life Insurance Co Federal 720 East Wisconsin Avenue Room 647 Milwaukee, WI 53202</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 > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>08/28/00</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code American Association for Homecare PAC 826 Slaters Lane Suite 200 Alexandria, VA 22314</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 > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>08/28/00</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Bank One Corporation PAC 1 Bank One Plaza Chicago, IL 60670</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 > \$ 5,000.00</p>	<p>Date (month, day, year)</p> <p>09/28/00</p>	<p>Amount of Each Receipt this Period</p> <p>5,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code National Funeral Directors Assn of the US Inc PAC 13525 Bishop's Drive Brookfield, WI 53005</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 > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>08/28/00</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Securities Industry Assn. PAC 1401 I Street, N.W. Suite 1000 Washington, DC 20005</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 > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>09/28/00</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

13,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full) New Republican Majority Fund			
A. Full Name, Mailing Address and ZIP Code AT&T Corp. PAC 295 North Maple Avenue Basking Ridge, NJ 07920	Name of Employer Occupation	Date (month, day, year) 08/28/00	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code Real Estate Investment Trust PAC 607 14th Street NW Suite 800 Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 08/28/00	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6,000.00		
C. Full Name, Mailing Address and ZIP Code Amer. Society of Anesthesiologists Inc. PAC 620 North Northwest Highway Park Ridge, IL 60068	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
D. Full Name, Mailing Address and ZIP Code Gateway Good Government PAC 225 South Washington Street Suite 200 Alexandria, VA 22314	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code Nat. Assn for Uniformed Services PAC 6035 Hempstead Way Springfield, VA 22151	Name of Employer Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Citigroup Inc. PAC - Federal 1101 Pennsylvania Avenue NW Suite 1000 Washington, DC 20004	Name of Employer Occupation	Date (month, day, year) 09/29/00	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
G. Full Name, Mailing Address and ZIP Code MCI Worldcom, Inc. PAC 515 East Amite Street Jackson, MS 39201	Name of Employer Occupation Information Requested	Date (month, day, year) 09/29/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
SUBTOTAL of Receipts This Page (optional)			17,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code BUS PAC of the American Bus Assn. 1100 New York Avenue, NW No. 1050 Washington, DC 20006	Name of Employer Occupation	Date (month, day, year) 08/28/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code CH2M HILL Companies, Ltd. PAC 8060 South Willow Drive Greenwood Village, CO 80111	Name of Employer Occupation	Date (month, day, year) 09/29/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Federation of American Health Systems PAC 801 Pennsylvania Avenue, NW Suite 245 Washington, DC 20004	Name of Employer Occupation	Date (month, day, year) 08/28/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Americans Free Intl Trade PAC 1625 Prince Street Suite 225 Alexandria, VA 22314	Name of Employer Occupation	Date (month, day, year) 09/29/00	Amount of Each Receipt this Period 6,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6,000.00		
E. Full Name, Mailing Address and ZIP Code Dennis Dollar for Congress Committee P.O. Box 1842 Gulfport, MS 39502-1842	Name of Employer Occupation	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

103500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BB&T Bank 1722 Eye Street, N.W. Washington, DC 20008	Bank Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/01/00	3.00
Patton Boggs, LLP. 2650 M Street, N.W. Washington, DC 20037	Professional Service: Legal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/00	312.88
Capitol Office Solutions P.O. Box 830221 Baltimore, MD 21263	Office Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/00	53.17
Wartfeld & Walsh, Inc. 701 Prince Street Alexandria, VA 22314	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/00	33,190.13
Verizon P.O. Box 17577 Baltimore, MD 21287-0513	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/00	1,147.98
Eudy Nelson & Associates 900 Second Street, N.E. Suite 114 Washington, DC 20002	Event Planning Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/00	1,200.22
New England Press 1200 Wake Forest Drive Alexandria, VA 22307	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/00	2,635.85
R.G. Rentals 16 Wolfe Street Alexandria, VA 22314	Furniture Rental Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/07/00	8,974.00
U.S. Postmaster 2801 Blackbridge Road York, PA 17402	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/08/00	5,000.00
SUBTOTAL of Disbursements This Page (optional)			62,617.03
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paychex P.O. Box 2850 Merrifield, VA 22118-2950	Payroll Service Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/11/00	71.60
Patton Boggs, L.L.P. 2660 M Street, N.W. Washington, DC 20037	Professional Services: Legal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	772.25
Colonial Parking 1050 Thomas Jefferson Street, NW Suite 100 Washington, DC 20067	Parking Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/00	580.00
Warfield & Walsh, Inc. 701 Prince Street Alexandria, VA 22314	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	4,286.34
Colortree 2519 Brittons Hill Rd. Richmond, VA 23220	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	3,941.14
Direct Impressions 2040 Westmoreland Street Richmond, VA 23220	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	2,331.45
CAC Marketing Services 99 Bay Road Baltimore, MD 21228	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/14/00	341.84
U.S. Life Insurance Company 3600 Route 66 UA Unit MSN 3D Neptune, NJ 07754	Insurance Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/00	86.38
Dirk Smith 1825 T Street, NW #202 Washington, DC 20009	Payroll Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/00	903.98

SUBTOTAL of Disbursements This Page (optional)

13,312.86

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paychex P.O. Box 2860 Merrifield, VA 22116-2980	Payroll Tax Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/00	\$61.26
B. Full Name, Mailing Address and ZIP Code Eudy/Nelson & Associates 900 Second Street, N.E. Suite 114 Washington, DC 20002	Event Planning Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/18/00	12,500.00
C. Full Name, Mailing Address and ZIP Code U.S. Postmaster 2901 Blackbridge Road York, PA 17402	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/00	22,445.53
D. Full Name, Mailing Address and ZIP Code Petty Cash 228 S. Washington Street Suite 200 Alexandria, VA 22314	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/00	184.61
E. Full Name, Mailing Address and ZIP Code Warfield & Walsh, Inc. 701 Prince Street Alexandria, VA 22314	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/00	7,433.27
F. Full Name, Mailing Address and ZIP Code Staples P.O. Box 30292 Salt Lake City, UT 84130-0292	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/00	32.01
G. Full Name, Mailing Address and ZIP Code Aetna U.S. Healthcare P.O. Box 70968 Chicago, IL 60673-0966	Insurance Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/00	564.34
H. Full Name, Mailing Address and ZIP Code American Express P.O. Box 630001 Dallas, TX 75363	Lodging Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/00	800.00
I. Full Name, Mailing Address and ZIP Code Diversified Mailing Services 4333 Davenport Road Fredericksburg, MD 22409	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/00	3,015.21

SUBTOTAL of Disbursements This Page (optional)

47,826.23

TOTAL This Period (last page this line number only)

New Republican Majority Fund

October 20, 2000 Monthly Report

Ultimate Vendors for payment to
American Express on 9/28/00

Schedule B, Page 3 of 4, For Line Number 21B
Block H.

<u>Vendor</u>	<u>Amount</u>	<u>Purpose</u>
Four Seasons Hotel Philadelphia, PA	800.00	Lodging Expense

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAC Marketing Services 89 Bay Road Baltimore, MD 21228	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/00	233.26
B. Full Name, Mailing Address and ZIP Code Verizon P.O. Box 17577 Baltimore, MD 21297-0513	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/00	1,070.30
C. Full Name, Mailing Address and ZIP Code Comcast 617A South Pickett Street Alexandria, VA 22304	Cable Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/00	128.75
D. Full Name, Mailing Address and ZIP Code Verizon P.O. Box 17577 Baltimore, MD 21297-0513	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/00	3.60
E. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101-1140	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/00	68.67
F. Full Name, Mailing Address and ZIP Code Torpedo Factory & Associates 201 N. Union Street Alexandria, VA 22314	Rent Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/00	1,682.57
G. Full Name, Mailing Address and ZIP Code Dirk Smith 1825 T Street, NW #202 Washington, DC 20009	Payroll Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/00	1,032.25
H. Full Name, Mailing Address and ZIP Code Paychex P.O. Box 2900 Merrifield, VA 22116-2900	Payroll Tax Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/00	682.50
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)

4,811.90

TOTAL This Period (list page this line number only)

118,488.12

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dylan Glenn P.O. Box 128 Cusseta, GA 31805	Dylan Glenn, U.S. HOUSE 2nd GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/00	2,000.00
Bell South P.O. Box 100100 Columbia, SC 29202	Purpose of Disbursement Travel Expense for Mack Mattingly for Senate (GA) (Airfare - see memo entry 09/14/00 in block c) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/14/00	2,830.00 (In-Kind)
Mack Mattingly for Senate P.O. Box 11841 Atlanta, GA 30355	Purpose of Disbursement Travel Expense for Mack Mattingly for Senate (GA) (Airfare) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/14/00	2,830.00 (Memo In-Kind)
Mack Mattingly for Senate P.O. Box 11641 Atlanta, GA 30355	Purpose of Disbursement Mack Mattingly, U.S. SENATE GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/15/00	2,870.00
John Hostettler for Congress 1016 C Main Street Evansville, IN 47708	Purpose of Disbursement John Hostettler, U.S. HOUSE 8th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/00	5,000.00
Olympia Snows for Senate P.O. Box 2000 Portland, ME 04104	Purpose of Disbursement Olympia Snows, U.S. SENATE ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/00	6,000.00
Friends of Dick Lugar 1100 West 42nd Street Suite 335 Indianapolis, IN 46208	Purpose of Disbursement Dick Lugar, U.S. SENATE IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/00	6,000.00
Sam Graves for Congress 6500 Tower Drive Suite 111 Kansas City, MO 64151	Purpose of Disbursement Sam Graves, U.S. HOUSE 8th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/28/00	1,000.00
Mike Ferguson For Congress P.O. Box 867 Red Bank, NJ 07701	Purpose of Disbursement Mike Ferguson, U.S. HOUSE 7th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/28/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

24,000.00

TOTAL This Period (last page this line number only)

24,000.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-20-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>J.G.</i> PREPARER	<i>10-20-00</i> DATE PREPARED