



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

March 30, 2000

Ladonna Dodge, Treasurer
Congressional Majority Committee
555 13th Street #500 West
Washington, DC 20004

Identification Number: C00117721

Reference: Year End Report (7/1/99-12/31/99)

Dear Ms. Dodge:

This letter is to inform you that as of March 29, 2000 the Commission has not received your response to our request for additional information, dated March 8, 2000. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Antoinette Kitchen on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

A handwritten signature in cursive script that reads "John D. Gibson".

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Ladonna Dodge, Treasurer
Congressional Majority Committee
555 13th Street #500 West
Washington, DC 20004

Identification Number: C00117721

MAR 8 2000

Reference: Year End Report (7/1/99-12/31/99)

Dear Ms. Dodge:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-Your report discloses activity that falls outside the reporting period. Please amend this report by including only the financial transactions that occurred between 7/1/99 and 12/31/99. Any activity occurring outside this reporting period should be included in the appropriate report(s). 2 U.S.C. §434(b)

-Your report discloses a returned contribution(s) from a federal candidate totalling \$2,000 on Schedule A supporting Line 16 of the Detailed Summary Page. If the check written by your committee was not cashed, you should itemize the voided check on Schedule B supporting Line 23 as a negative entry. Line 16 should be used if the recipient committee cashed your check and wrote a refund on its account. Please amend your report to correct this discrepancy or provide clarification regarding this transaction.

-Your report discloses what appears to be an in-kind contribution made on behalf of Bush, a federal candidate (pertinent portion(s) attached). The original payments for the goods and services have been disbursed to Media Post, itemized as an operating expenditure and included in the total for Line 21 of the Detailed Summary Page.

If the transaction in question is an in-kind contribution, please note that the amount of such activity should be subtracted from Line 21 and added to Line 23 of the Detailed Summary Page. This method of reporting would clarify for the public record the total amount of contributions to federal candidates (including in-kind contributions) by reflecting them on Line 23 of the Detailed Summary Page. However, if this expenditure is not an in-kind contribution, please clarify the nature of the transaction.

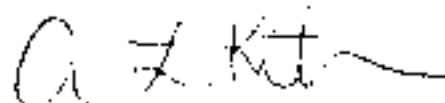
CONGRESSIONAL MAJORITY COMMITTEE

Page 3

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Operating expenditures should be properly disclosed on a separate Schedule B, supporting Line 21(b) of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

A handwritten signature in cursive script that reads "A. Z. Kitchen" followed by a horizontal flourish.

Antoinette Kitchen
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 111 OF 111
FOR LINE NUMBER 11C

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

NAME OF COMMITTEE (in full)

Congressional Majority Committee C00117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Oncology Resources 16425 Northwest Dr. # 1300 Houston Tx 77060		2-24-99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hospital Assn 325 7th St NW Washington DC 20004		5/14/99	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASAPAC 520 Northwest Hwy P.O. R. 2, E. IL 60068-2573		5/3/99	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tenet Healthcare Corp. PAC 3420 State St. Santa Barbara CA 93105		4-19-99	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Healthcare Corp. Political Fund 11620 L St NW #800 Washington D.C. 20036		6/2/99	2500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Physical Therapy PAC 1111 N. Fairfax St. Alexandria VA 22314		6/30/99	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Renal Leadership Council PAC 1300 Connecticut Ave #1000 Washington D.C. 20036		3/16/99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	

SUBTOTAL of Receipts This Page (optional)

24500.00

TOTAL This Period (last page this line number only)

24500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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

NAME OF COMMITTEE (in Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt This Period
Pacificare PAC 3120 Lake Center Dr. P.O. Box 25184 Santa Ana, Ca 92799 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/28/99	5000. ⁰⁰
B. Full Name, Mailing Address and ZIP Code Sierra Health Services PAC 2724 North Tenaya Way Las Vegas, NV 89128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Multi-Candidate PAC Occupation Aggregate Year-to-Date > \$ 5000. ⁰⁰	6/22/99	5000. ⁰⁰
C. Full Name, Mailing Address and ZIP Code Pricewaterhouse Coopers PAC 1900 K St. N.W. Washington, D.C. 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Multicandidate Committee Occupation Aggregate Year-to-Date > \$ 5000. ⁰⁰	6/05/99	5000. ⁰⁰
D. Full Name, Mailing Address and ZIP Code Apria Healthcare PAC 3560 Hyland Ave. Costa Mesa, Ca 92626 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000. ⁰⁰	9/28/99	1000. ⁰⁰
E. Full Name, Mailing Address and ZIP Code Healthsouth Rehabilitation PAC Two Perimeter Park South Birmingham, AL 35243 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10,000. ⁰⁰	7/20/99	10,000. ⁰⁰
F. Full Name, Mailing Address and ZIP Code Physical Therapy PAC 1111 N. Fairfax St. Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10,000. ⁰⁰	6/21/99	5000. ⁰⁰
G. Full Name, Mailing Address and ZIP Code Foundation Health Systems INC. PAC 21050 Grand St. Woodland Hills, CA 91367 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000. ⁰⁰	6/30/99	5000. ⁰⁰

SUBTOTAL of Receipts This Page (optional)

36,000.⁰⁰

TOTAL This Period (fill page this line number only)

36,000.⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victory Funds INC 2505 Stonagate Dr. N Bedford, TX 76021	Dec. Fundraising Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/99	2000. ⁰⁰
B. Full Name, Mailing Address and ZIP Code ND	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Bank National Association P.O. Box 6301 Fargo, ND 58125-6301	Air Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	1265. ⁰⁰
C. Full Name, Mailing Address and ZIP Code ND	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Bank National Association ND P.O. Box 6301 Fargo, ND 58125-6301	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/99	572. ⁹⁸
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chase Mastercard P.O. Box 52061 Phoenix, AZ 85072	Airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/99	208. ⁰⁰
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Western Pacific Research 4100 Truxtun Ave. #210 Bakersfield, Ca 93309	Website Creation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/99	1130. ⁰⁰
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HealthSouth One HealthSouth Parkway Birmingham, AL 35243	Airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/99	1008. ⁰⁰
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
O'Melveny & Myers LLP 555 13th St., N.W. Suite 500 Washington, D.C. 20004-1109	Support Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/99	253. ²²
H. Full Name, Mailing Address and ZIP Code ND	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. National Bank Assn. ND P.O. Box 6301 Fargo, ND 58125-6301	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/99	1,188. ¹² AK
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Media Post 903 N St. #150 Bakersfield, Ca 93304	Bush media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/99	403. ⁶³

SUBTOTAL of Disbursements This Page (optional)

8089.⁵⁹

TOTAL This Period (see page one line number only)

