

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM.

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

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

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

2. FEC IDENTIFICATION NUMBER
C00117721

3. This committee has qualified as a multicandidate committee. (see FEC FORM 114)

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 29 June 29 October 29
 March 29 July 29 November 29
 April 29 August 29 December 29
 May 29 September 29 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 7-1-99 through 12-31-99 | | |
| 6. (a) Cash on Hand January 1, 19 99 | | \$ 48962. ²⁹ |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 81849.03 | |
| (c) Total Receipts (from Line 19) | \$ 54,250. ⁰⁰ | \$ 102,698.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 136099.03 | \$ 151,460.29 |
| 7. Total Disbursements (from Line 30) | \$ 31731.40 | \$ 47292.66 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 104367.63 | \$ 104367.63 |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | \$ 2000. ⁰⁰ | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 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 to the best of my knowledge and belief it is true, correct and complete. | | |

Type or Print Name of Treasurer
Ladonna J. Dodge

Signature of Treasurer
Ladonna J. Dodge

Date
1-31-2000

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

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

(revised 1/1/91)

NAME OF COMMITTEE

Congressional Majority

REPORT COVERING PERIOD

FROM *7-1-99* TO *12-31-99*

Receipts

- 11. Contributions (other than loans) From:
 - a. Individual/Persons Other Than Political Committees
 - i. Itemized (use Schedule A) _____
 - ii. Unitemized _____
 - iii. Total (add i and ii) > _____
 - b. Political Party Committees _____
 - c. Other Political Committees (such as PACs) _____
 - d. Total Contributions (add a ii, b and c) > _____
- 12. Transfers From Affiliated/Other Party Committees _____
- 13. All Loans Received _____
- 14. Loan Repayments Received _____
- 15. Offsets To Operating Expenditures (Rebates, Rebates, etc.) _____
- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees _____
- 17. Other Federal Receipts (Dividends, Interest, etc.) _____
- 18. Transfers from Nonfederal Account for Joint Activity _____
- 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > _____
- 20. Total Federal Receipts (subtract line 18 from line 19) > _____

| COLUMN A Total/In Period | COLUMN B Calendar Year |
|-----------------------------|---------------------------|
| 16,250. ⁰⁰ | 37,823. ⁰⁰ |
| 0 | 375. ⁰⁰ |
| 16,250. ⁰⁰ | 38,198. ⁰⁰ |
| 36,000. ⁰⁰ | 60,500. ⁰⁰ |
| 52,250. ⁰⁰ | 98,698. ⁰⁰ |
| 0 | 0 |
| 2000. ⁰⁰ | 4000. ⁰⁰ |
| 54,250. ⁰⁰ | 102,698. ⁰⁰ |
| 54,250. ⁰⁰ | 102,698. ⁰⁰ |

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 _____
 - c. Total Operating Expenditures (add a i, ii, and b) > _____
- 22. Transfers to Affiliated/Other Party Committees _____
- 23. Contributions to Federal Candidates/Committees and Other Political Committees _____
- 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 _____
 - b. Political Party Committees _____
 - c. Other Political Committees (such as PACs) _____
 - d. Total Contribution Refunds (add a, b and c) > _____
- 29. Other Disbursements _____
- 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > _____
- 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > _____

| | |
|-----------------------|-----------------------|
| 29,731. ⁴⁰ | 41,292. ⁶⁶ |
| 29,731. ⁴⁰ | 41,292. ⁶⁶ |
| 2000. ⁰⁰ | 2000. ⁰⁰ |
| 0 | 4000. ⁰⁰ |
| 31,731. ⁴⁰ | 47,292. ⁶⁶ |
| 31,731. ⁴⁰ | 47,292. ⁶⁶ |

Net Contributions/Operating Expenditures

- 32. Total Contributions (other than loans)(from line 11d) _____
- 33. Total Contribution Refunds (from line 28d) _____
- 34. Net Contributions (other than loans)(subtract line 33 from 32) _____
- 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > _____
- 36. Offsets to Operating Expenditures (from line 15) _____
- 37. Net Operating Expenditures (subtract line 36 from 35) > _____

| | |
|-----------------------|-----------------------|
| 52,250. ⁰⁰ | 98,698. ⁰⁰ |
| 29,731. ⁴⁰ | 41,292. ⁶⁶ |

CONGRESSIONAL MAJORITY COMMITTEE

3 W. LENOX STREET
CHEVY CHASE, MD 20815

DATE 6-24-99

05-718248-0
101

PAY
TO THE
ORDER OF

Dickey Gore Congress Campaign

\$ 2000.⁰⁰

Two thousand dollars & 00/100

DOLLARS

CHEVY CHASE BANK

CHEVY CHASE, MARYLAND 20815

FOR # 00267997 25

Salma J. Lodge

⑆00⑆023⑆ ⑆25507⑆98⑆⑆⑆

⑆8⑆⑆3000⑆5⑆⑆

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|------------------|-----------------------------|------------------------------------|
| Dickey for Congress P.O. Box 8766 Pine Bluff, AR 71611 | | | 2000. ⁰⁰ |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Loan return | Occupation | Aggregate Year-to-Date > \$ | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | 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): | Occupation | Aggregate Year-to-Date > \$ | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | 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): | Occupation | Aggregate Year-to-Date > \$ | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | 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): | Occupation | Aggregate Year-to-Date > \$ | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ | |

SUBTOTAL of Receipts This Page (optional)

2000.⁰⁰

TOTAL This Period (last page this line number only)

2000.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
Congressional Majority Committee

| A. Full Name, Mailing Address and ZIP Code Pacificare PAC 3120 Lake Center Dr. P.O. Box 25186 Santa Ana, Ca 92799 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 | Date (month, day, year) 6/28/99 | Amount of Each Receipt This Period 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): | Name of Employer Multi-Candidate PAC Occupation Aggregate Year-to-Date > \$ 5000. ⁰⁰ | Date (month, day, year) 6/22/99 | Amount of Each Receipt This Period 5000. ⁰⁰ |
| C. Full Name, Mailing Address and ZIP Code Pricewaterhouse Coopers PAC 1400 K St. N.W. Washington, D.C. 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Multicandidate Committee Occupation Aggregate Year-to-Date > \$ 5000. ⁰⁰ | Date (month, day, year) 8/05/99 | Amount of Each Receipt This Period 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 | Date (month, day, year) 9/28/99 | Amount of Each Receipt This Period 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 | Date (month, day, year) 7/20/99 | Amount of Each Receipt This Period 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 | Date (month, day, year) 6/21/99 | Amount of Each Receipt This Period 5000. ⁰⁰ |
| G. Full Name, Mailing Address and ZIP Code Foundation Health Systems INC. PAC 21050 Oxford 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 | Date (month, day, year) 6/30/99 | Amount of Each Receipt This Period 5000. ⁰⁰ |

SUBTOTAL of Receipts This Page (optional) **36,000.⁰⁰**
TOTAL This Period (last page this line number only) **36,000.⁰⁰**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

| A. Full Name, Mailing Address and ZIP Code James Murray 2105 Croghan Cross Louisville, KY 40207 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Humana Inc. Occupation CFO Aggregate Year-to-Date > \$ 1000. ⁰⁰ | Date (month, day, year) 6/30/99 | Amount of Each Receipt This Period 1000. ⁰⁰ |
|--|--|------------------------------------|---|
| B. Full Name, Mailing Address and ZIP Code Kenneth J. Fasola 74 Pine Knoll Circle Prospect, KY 40059 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Humana Inc. Occupation Senior Vice President Aggregate Year-to-Date > \$ 1000. ⁰⁰ | Date (month, day, year) 7/6/99 | Amount of Each Receipt This Period 1000. ⁰⁰ |
| C. Full Name, Mailing Address and ZIP Code Andrew H. Shore 3882 Jay Ave. Alexandria, Va 22302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer American Medical Assn. Occupation Assistant Director Aggregate Year-to-Date > \$ 250. ⁰⁰ | Date (month, day, year) 10/6/99 | Amount of Each Receipt This Period 250. ⁰⁰ |
| D. Full Name, Mailing Address and ZIP Code Jenny Reeves 11823 Lake Stone Way Prospect, KY 40059 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Humana Inc. Occupation Physician Aggregate Year-to-Date > \$ 1000. ⁰⁰ | Date (month, day, year) 7/12/99 | Amount of Each Receipt This Period 1000. ⁰⁰ |
| E. Full Name, Mailing Address and ZIP Code Robert E. Thomson 101 Indian Trail Indian Springs, AL 35124 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 | Date (month, day, year) 7/22/99 | Amount of Each Receipt This Period 1000. ⁰⁰ |
| F. Full Name, Mailing Address and ZIP Code Michael D. Martin 5608 Canongate Ln. Birmingham, AL 35242 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Healthsouth Corp. Occupation CFO Aggregate Year-to-Date > \$ 2000. ⁰⁰ | Date (month, day, year) 7/21/99 | Amount of Each Receipt This Period 2000. ⁰⁰ |
| G. Full Name, Mailing Address and ZIP Code William C. McGahan 11 Elsway Short Hills, NJ 07078-1617 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Global Occupation Managing Director Aggregate Year-to-Date > \$ 2000. ⁰⁰ | Date (month, day, year) 7/21/99 | Amount of Each Receipt This Period 2000. ⁰⁰ |

SUBTOTAL of Receipts This Page (optional)

8250.⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

| A. Full Name, Mailing Address and ZIP Code Anthony J. Tanner 2112 Swan Lake Cove Hoover, AL 35244 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 | Date (month, day, year) 7/22/99 | Amount of Each Receipt this Period 1000.00 |
|--|---|------------------------------------|---|
| B. Full Name, Mailing Address and ZIP Code Lisa D. McGahan 11 EISWAY Short Hills, NJ 07078-1417 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00 | Date (month, day, year) 7/22/99 | Amount of Each Receipt this Period 2000.00 |
| C. Full Name, Mailing Address and ZIP Code Richard Scrusky 2406 Longleaf St. Birmingham, AL 35243-2928 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Health outh Corp. Occupation Chairman Aggregate Year-to-Date > \$ 2000.00 | Date (month, day, year) 7/22/99 | Amount of Each Receipt this Period 2000.00 |
| D. Full Name, Mailing Address and ZIP Code Eric Hanson 100 East Linton Blvd. No. 500-B Delray Beach, FL 33484 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer U.S. Strategies Corp. Occupation Chairman Aggregate Year-to-Date > \$ 2000.00 | Date (month, day, year) 7/22/99 | Amount of Each Receipt this Period 2000.00 |
| E. Full Name, Mailing Address and ZIP Code Gary F. Capistrant 722 oak Grove Circle Severna Park, MD 21146-4256 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer U.S. Strategies Occupation Junior Vice President Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 7/22/99 | Amount of Each Receipt this Period 1000.00 |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

16,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Congressional Institute 316 Pennsylvania Ave. SE # 403 Washington, D.C. 20003 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/14/99 | 540. ⁰⁰ |
| B. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N. Bedford, TX 76021 | Purpose of Disbursement Phone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/25/99 | 255. ⁰⁴ |
| C. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N. Bedford, TX 76021 | Purpose of Disbursement Fundraising Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/06/99 | 4000. ⁰⁰ |
| D. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N. Bedford, TX 76021 | Purpose of Disbursement Fundraising Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/03/99 | 2000. ⁰⁰ |
| E. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N. Bedford, TX 76021 | Purpose of Disbursement Fundraising Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/10/99 | 2055. ⁰⁰ |
| F. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N. Bedford, TX 76021 | Purpose of Disbursement July Fundraising; Phonebill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/9/99 | 2078. ⁷³ |
| G. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N. Bedford, TX 76021 | Purpose of Disbursement Phone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/27/99 | 111. ⁰⁷ |
| H. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N. Bedford, TX 76021 | Purpose of Disbursement Phone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/21/99 | 240. ⁹³ |
| I. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N. Bedford, TX 76021 | Purpose of Disbursement Dec. Fundraising Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/28/99 | 2000. ⁰⁰ |

SUBTOTAL of Disbursements This Page (optional)

13,280.⁸¹

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 3
FOR LINE NUMBER

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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 Stonegate Dr. N Bedford, TX 76021 | Purpose of Disbursement: <u>Dec.</u> <u>Fundraising Services</u> 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 U.S. Bank National Association ND P.O. Box 6801 Fargo, ND 58125-6301 | Purpose of Disbursement: <u>Air Travel</u> 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 U.S. Bank National Association ND P.O. Box 6301 Fargo, ND 58125-6301 | Purpose of Disbursement: <u>Travel</u> 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 Chase Mastercard P.O. Box 52041 Phoenix, AZ 85072 | Purpose of Disbursement: <u>Airfare</u> 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 Western Pacific Research 4100 Truxtun Ave. #210 Bakersfield, Ca 93309 | Purpose of Disbursement: <u>Website Creation</u> 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 HealthSouth One HealthSouth Parkway Birmingham, AL 35243 | Purpose of Disbursement: <u>Airfare</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/24/99 | 1068. ⁰⁰ |
| G. Full Name, Mailing Address and ZIP Code O'Melveny & Myers LLP 555 13th St., N.W. Suite 500 Washington, D.C. 20004-1109 | Purpose of Disbursement: <u>Support Services</u> 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 U.S. National Bank Assn. ND P.O. Box 6801 Fargo, ND 58125-6301 | Purpose of Disbursement: <u>Travel</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/14/99 | 1138. ¹⁴ |
| I. Full Name, Mailing Address and ZIP Code Media Post 903 H St. #150 Bakersfield, Ca 93304 | Purpose of Disbursement: <u>Bush media</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/19/99 | 403. ⁰³ |

SUBTOTAL of Disbursements This Page (optional)

8089.⁵⁹

TOTAL This Period (total page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| U.S. National Bank Assn. ND P.O. Box 6801 Fargo, ND 58125-6801 | Airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/20/99 | 1361. ⁰⁰ |
| B. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N Bedford, TX 76021 | Oct. Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/3/99 | 2000. ⁰⁰ |
| C. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N Bedford, TX 76021 | Fundraising Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/22/99 | 3000. ⁰⁰ |
| D. Full Name, Mailing Address and ZIP Code Victory Funds INC. 2505 Stonegate Dr. N Bedford, TX 76021 | Fundraising Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/25/99 | 2000. ⁰⁰ |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements (This Page (optional))

8361.⁰⁰

TOTAL This Period (last page this line number only)

29731.⁴⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Friends of Nethercutt (WA-05) P.O. Box 1925 Spokane, WA 99210 | Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/17/99 | 1000. ⁰⁰ |
| Friends of Don Sherwood (PA-10) 61 Warren St. Tunkhannock, PA 18657 | Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/17/99 | 1000. ⁰⁰ |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

GROSS TOTAL of Disbursements This Page (optional)

2000.⁰⁰

TOTAL This Period (fill page this line number only)

2000.⁰⁰

| | | | |
|---|---|-------------------------------|---|
| Name of Committee (in full) Congressional Majority | | | |
| A. Full Name, Mailing Address and ZIP Code of Loan Source Chabot for Congress 3014 Harrison Ave Cincinnati OH 45211 | Original Amount of Loan 2000.⁰⁰ | Cumulative Payment To Date | Balance Outstanding at Close of This Period 2000.⁰⁰ |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Terms: Date Incurred 6-28-99 Date Due _____ Interest Rate _____ % (app) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item A | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| B. Full Name, Mailing Address and ZIP Code of Loan Source | | | |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (app) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item B | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| SUBTOTALS This Period This Page (optional) _____ | | | |
| TOTALS This Period (last page in this line only) _____ | | | |

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 type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED 2/1/08 |
| <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.A.D.</i> PREPARER | <i>2/7/08</i> DATE PREPARED |