

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAR 19 4 45 PM '99

1. NAME OF COMMITTEE (in full) Republican Majority Fund	2. FEC IDENTIFICATION NUMBER C00298640
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1155 21st Street, NW, Suite 300	3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M) <input checked="" type="checkbox"/>
CITY, STATE and ZIP CODE Washington, DC 20036	

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
- Twelfth day report preceding _____
 (Type of Election)
 election on _____ in the State of _____
- Thirtieth day 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>02/01/99</u> through <u>02/28/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 179,318.80
(b) Cash on Hand at Beginning of Reporting Period	\$ 133,643.34	
(c) Total Receipts (from Line 19)	\$ 91,122.72	\$ 91,744.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 224,766.06	\$ 271,063.28
7. Total Disbursements (from Line 30)	\$ 16,895.69	\$ 63,192.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 207,870.37	\$ 207,870.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 909 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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 Barbara W. Bonfiglio, Assistant Treasurer	
Signature of Treasurer 	Date <u>3/19/99</u>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8457g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Republican Majority Fund	REPORT COVERING PERIOD		
	FROM	TO	
	02/01/99	02/28/99	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,500.00	7,500.00	11(a)(i)
ii. Unitemized	0.00	0.00	11(a)(ii)
iii. Total (add i and ii) >	7,500.00	7,500.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	83,000.00	83,000.00	11(c)
d. Total Contributions (add a ii, b and c) >	90,500.00	90,500.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	622.72	1,244.48	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	91,122.72	91,744.48	19
20. Total Federal Receipts (subtract line 18 from line 19) >	91,122.72	91,744.48	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	11,895.89	58,192.91	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	11,895.89	58,192.91	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	5,000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441b(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,895.89	63,182.91	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	16,895.89	63,182.91	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	90,500.00	90,500.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	90,500.00	90,500.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	11,895.89	58,192.91	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	11,895.89	58,192.91	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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)
Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code J.E. Boland 1155 Connecticut Ave., Ste.300 Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Boland, Madigan</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) 02/01/99</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Jill Bockomy 12701 Dunvagan Dr. Clifton, VA 22024</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 Housewife</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) 02/01/99</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Linda Tarplin 3839 26th St., N Arlington, VA 22207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer O'Brien & Calio</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 02/01/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code John Komitzer 6045 Windsor Shawnee Mission, KS 66205</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 02/01/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Ben Frizzell 1824 King College Road Bristol, TN 37620</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Frizzell Construction Co.</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/01/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Frederick Graefe 1050 Connecticut Ave., NW, Suite 1100 Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Baker and Hostetler</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 02/12/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>7,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>7,500.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Food Marketing ins. PAC 800 Conn., NW, Ste. 500 Washington, DC 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 02/01/99	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code DaimlerChrysler Political Support Cmte. 1000 Chrysler Dr. Auburn Hills, MI 48326 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 02/01/99	Amount of Each Receipt this Period 5,000.00
C. Full Name, Mailing Address and ZIP Code American Health Care Asso. PAC 1201 L Street, NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 02/01/99	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and ZIP Code American Trucking PAC 430 First Street, SE Washington, DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 6,000.00	Date (month, day, year) 02/01/99	Amount of Each Receipt this Period 5,000.00
E. Full Name, Mailing Address and ZIP Code ASAPAC 520 N. Northwest Highway Park Ridge, IL 60068 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 02/01/99	Amount of Each Receipt this Period 5,000.00
F. Full Name, Mailing Address and ZIP Code BluePAC 1310 G St., NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 02/01/99	Amount of Each Receipt this Period 5,000.00
G. Full Name, Mailing Address and ZIP Code American Bankers Asso. PAC 1120 Connecticut Ave., NW Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 6,000.00	Date (month, day, year) 02/01/99	Amount of Each Receipt this Period 5,000.00

SUBTOTAL of Receipts This Page (optional) 31,000.00

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 **3**
FOR LINE NUMBER
11 c

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NAME OF COMMITTEE (in Full)
Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code Microsoft Corp. PAC 16011 N.E. 36th Way Box 97017 Redmond, WA 98073</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>02/01/98</p>	<p>Amount of Each Receipt This Period</p> <p>2,500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Philip Morris Companies Inc. PAC 120 Park Avenue New York, NY 10017</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>02/12/99</p>	<p>Amount of Each Receipt This Period</p> <p>5,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Association of Trial Lawyers PAC 1050 31st St., NW Washington, DC 20007</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>02/12/99</p>	<p>Amount of Each Receipt This Period</p> <p>5,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code American Hotel & Motel Asso. PAC 1201 New York Ave., NW, Suite 600 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 > \$ 5,000.00</p>	<p>Date (month, day, year)</p> <p>02/12/99</p>	<p>Amount of Each Receipt This Period</p> <p>5,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Brinker International PAC 6820 LBJ FWY., Ste. 200 Dallas, TX 76240</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>02/12/99</p>	<p>Amount of Each Receipt This Period</p> <p>5,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Union Pacific Resources PAC 555 13th Street, NW, 450W Washington, DC 20004</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>02/12/99</p>	<p>Amount of Each Receipt This Period</p> <p>5,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Union Pacific Corp. Fund for Effective 600 Thirteenth St., Ste. 340 Washington, DC 20006</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 > \$ 6,000.00</p>	<p>Date (month, day, year)</p> <p>02/12/99</p>	<p>Amount of Each Receipt This Period</p> <p>6,000.00</p>

SUBTOTAL of Receipts This Page (optional) **32,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Outback Steakhouse, Inc. PAC 660 N. Rao Street, Ste. 204 Tampa, FL 33609	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/12/99	
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 Ryder Employees PAC 3800 N.W. 82nd Ave. Miami, FL 33166	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/12/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,000.00		3,000.00
C. Full Name, Mailing Address and ZIP Code American Portland Cement Alliance PAC 1225 Eye Street, NW, Suite 300 Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/12/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		2,500.00
D. Full Name, Mailing Address and ZIP Code Coastal Employee Action Fund Nine Greenway Plaza Houston, TX 77046	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/12/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		2,500.00
E. Full Name, Mailing Address and ZIP Code SBC Communications, Inc. PAC 176 E. Houston, RM 4-R-4 San Antonio, TX 78205	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/17/99	
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
F. Full Name, Mailing Address and ZIP Code National Restaurant Assn. PAC 1200 17th Street, NW Washington, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/17/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		1,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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)	19,500.00
TOTAL This Period (last page this line number only)	83,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code First Union CAP Department One First Union Center Charlotte, NC 28288	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/28/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,244.48		622.72
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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) 622.72

TOTAL This Period (last page this line number only) 622.72

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
O'Dell and Simms 7700 Leesburg Pike, Suite 307 Falls Church, VA 22043	consulting fees & exps. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/99	2,994.51
B. Full Name, Mailing Address and ZIP Code Richard Shelby 1515 Wilson Blvd. Arlington, VA 22208	consulting fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/99	2,000.00
C. Full Name, Mailing Address and ZIP Code Rachel Pearson 505 East Braddock Road #402 Alexandria, VA 22314	consulting fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/99	6,000.00
D. Full Name, Mailing Address and ZIP Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	credit card exps. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/24/99	1,783.82
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)

11,778.13

TOTAL This Period (last page this line number only)

11,778.13

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeWine for U.S. Senate P.O. Box 340188 Columbus, OH 43234	Mike DeWine, U.S. SENATE OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/24/99	5,000.00
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

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

5,000.00

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>3-22-99</i>
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<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
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<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMH</i> PREPARER	<i>3-22-99</i> DATE PREPARED