

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

CONGRESSIONAL MAJORITY COMMITTEE

ADDRESS (number and street)

P. O. BOX 746

Check if different than previously reported. (ACC)

Bakersfield

CA

93302

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00117721

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)
July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)

- May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)

- Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)

- Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- X Primary (12P)
Convention (12C)

- General (12G)
Special (12S)

Runoff (12R)

Election on

03

02

2004

in the State of

CA

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2004

through

02

11

2004

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

ROBIN FOSTER

Signature of Treasurer

Electronically Filed by ROBIN FOSTER

Date

04

09

2004

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
CONGRESSIONAL MAJORITY COMMITTEE

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>02 <sup>D</sup>11 <sup>Y</sup>2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>M</sup> <sup>D</sup>		106297.34
(b) Cash on Hand at Beginning of Reporting Period .....	106297.34	
(c) Total Receipts (from Line 19) .....	56206.28	56206.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	162503.62	162503.62
7. Total Disbursements (from Line 31) .....	32314.18	32314.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	130189.44	130189.44
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CONGRESSIONAL MAJORITY COMMITTEE

Report Covering the Period: From: <sup>M</sup>0<sup>D</sup>1<sup>Y</sup> - <sup>M</sup>0<sup>D</sup>1<sup>Y</sup> 2004 To: <sup>M</sup>0<sup>D</sup>2<sup>Y</sup> - <sup>M</sup>1<sup>D</sup>1<sup>Y</sup> 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	28000.00	
(ii) Unitemized .....	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	28000.00	28000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	28206.28	28206.28
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	56206.28	56206.28
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	56206.28	56206.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	56206.28	56206.28

## DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	32314.18	32314.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32314.18	32314.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32314.18	32314.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	32314.18	32314.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	56206.28	56206.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56206.28	56206.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32314.18	32314.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32314.18	32314.18

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. AGUA CALIENTE BAND OF CAHUILLA INDIANS</b>		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 800 EAST TAHQUITZ CANYON WAY		Transaction ID: SA11A1.6343
City	State	Zip Code
PALM SPRINGS	CA	92262
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. CHRISTY W. BELL</b>		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 7 SPRING LAKE DRIVE		Transaction ID: SA11A1.6330
City	State	Zip Code
FAIR HILLS	NJ	07931
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION
HORIZON BCBS	EXEC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. RUSSELL L CARSON</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 930 FIFTH AVENUE		Transaction ID: SA11A1.6301
City	State	Zip Code
NEW YORK	NY	10021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	CONTRIBUTION
SELF	INVESTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	5000.00
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. PAUL J. DIAZ</b>		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004
Mailing Address 204 LOGANBERRY CT		Transaction ID: SA11A1.6312
City	State	Zip Code
LOUISVILLE	KY	40207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer KINDRED HEALTHCARE	Occupation PRES/CEO	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. ANTHONY DISSER</b>		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004
Mailing Address 690 SOUTH FOURTH STREET		Transaction ID: SA11A1.6316
City	State	Zip Code
LOUISVILLE	KY	40202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer KINDRED HEALTHCARE	Occupation SVP, CLINICAL OPS	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. JEFF M. FOLICK</b>		Date of Receipt M / D / Y Y Y Y 01 / 02 / 2004
Mailing Address 13601 BELLE RIVE		Transaction ID: SA11A1.6336
City	State	Zip Code
SANTA ANA	CA	92705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer HEALTH NET, INC	Occupation EVP, REGIONAL HEALTH PLANS	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRANK FRITSCH</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 14 SOUTHWATCH LANE		Transaction ID: SA11A1.6298
City	State	Zip Code
MECHANICSBURG	PA	17055
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer SELECT MEDICAL CORP	Occupation SVP, HUMAN RESOURCES	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. KAREN M. IGNAGNI</b>		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 3105 CHESAPEAKE ST, N.W.		Transaction ID: SA11A1.6332
City	State	Zip Code
WASHINGTON	DC	20008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer AMER ASSOC OF HEALTH PLANS	Occupation PRES/CEO	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. MARTIN F JACKSON</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 3 SPARTAN CIRCLE		Transaction ID: SA11A1.6304
City	State	Zip Code
CAMP HILL	PA	17011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer SELECT MEDICAL REHABILITA- TION SVCS	Occupation HEALTHCARE	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>4000.00</b>
TOTAL This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. RUTH LUSK</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 1800 ACORN LANE		Transaction ID: SA11A1.6318
City	State	Zip Code
LA GRANGE	KY	40031-9054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer KINDRED HEALTHCARE	Occupation SVP, EAST REGION	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM J. MARINO</b>		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 8 COBBLESTONE LANE		Transaction ID: SA11A1.6349
City	State	Zip Code
MORRIS TOWNSHIP	NJ	07960
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer HORIZON BCBS	Occupation PRES/CEO	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. STEVEN H. NELSON</b>		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 1586 W. SALTSAGE DR		Transaction ID: SA11A1.6334
City	State	Zip Code
PHOENIX	AZ	85045-1711
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer HEALTH NET, INC	Occupation CHIEF MEDICARE OFFICER	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ROBERT ORTENZIO</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 7 WESTWIND DR		Transaction ID: SA11A1.6310
City	State	Zip Code
LEMOYNE	PA	17043
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer SELECT MEDICAL CORP	Occupation PARTNER	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT ORTENZIO</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 7 WESTWIND DR		Transaction ID: SA11A1.6311
City	State	Zip Code
LEMOYNE	PA	17043
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer SELECT MEDICAL CORP	Occupation PARTNER	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA A RIDE</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 11 HARPERS FERRY WAY		Transaction ID: SA11A1.6302
City	State	Zip Code
MECHANICSBURG	PA	17050
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer SELECT MEDICAL CORP	Occupation HEALTHCARE ADMINISTRATOR	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 20

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CHERYL M. SCOTT</b>		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 10 RAYE ST		Transaction ID: SA11A1.6328
City	State	Zip Code
SEATTLE	WA	98109-1827
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer GROUP HEALTH COOPERATIVE	Occupation PRES/CEO	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. TRACI SHELTON</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 413B QUIET MEADOW CT		Transaction ID: SA11A1.6320
City	State	Zip Code
FAIR OAKS	CA	95628
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer KINDRED HEALTHCARE	Occupation SVP, WEST REGION	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES J. TALALAJ</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 5224 MEADOWBROOK DR		Transaction ID: SA11A1.6306
City	State	Zip Code
MECHANICSBURG	PA	17050
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer SELECT MEDICAL CORP	Occupation HEALTHCARE EXEC	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 20

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MICHAEL E. TARVIN</b>		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004
Mailing Address 140 WINFIELD DR		Transaction ID: SA11A1.6308
City	State	Zip Code
CAMP HILL	PA	17011-1347
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer SELECT MEDICAL CORP	Occupation SVP, GENERAL COUNSEL & SECRETARY	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. L STEPHEN TURNER</b>		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004
Mailing Address 200 HOSPITAL CIRCLE		Transaction ID: SA11A1.6322
City	State	Zip Code
WESTMINSTER	CA	92683-3910
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer KINDRED HEALTHCARE	Occupation SVP, STRATEGIC PLANNING/BUS DEV	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. ANTHONY WHITEHEAD</b>		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004
Mailing Address 7404 STEEPCREST CIRCLE #108		Transaction ID: SA11A1.6314
City	State	Zip Code
LOUISVILLE	KY	40222
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer KINDRED HEALTHCARE	Occupation SVP, CFO	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	2000.00
TOTAL This Period (last page this line number only) .....	28000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) A. AAHPHIAA PAC		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 112B 20TH STREET, N.W. SUITE 600		Transaction ID: SA11C.6346
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee. <b>C</b> C00106740		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. ACE INA HOLDINGS INC POLITICAL ACTION COMMITTEE (ACE INA POLITICAL ACTION COMMITTEE)		Date of Receipt M / D / Y 01 / 08 / 2004
Mailing Address 1601 CHESTNUT ST TL36P PO BOX 41484		Transaction ID: SA11C.6297
City	State	Zip Code
PHILADELPHIA	PA	19101
FEC ID number of contributing federal political committee. <b>C</b> CD0348838		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAG)		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 942 S SHADY GROVE RD		Transaction ID: SA11C.6295
City	State	Zip Code
MEMPHIS	TN	38120
FEC ID number of contributing federal political committee. <b>C</b> CD0068692		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts TNs Page (optional) .....	<b>13000.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FEDERATION OF AMERICAN HOSPITALS PAC (FEDPAC); (FKA AMERICAN HEALTH SYSTEMS PAC)</b>		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245		Transaction ID: SA11C.6357
City	State	Zip Code
WASHINGTON	DC	20004
FEC ID number of contributing federal political committee. <b>C</b> C00002261		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	In-kind - fundraiser supplies
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. FEDERATION OF AMERICAN HOSPITALS PAC (FEDPAC); (FKA AMERICAN HEALTH SYSTEMS PAC)</b>		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245		Transaction ID: SA11C.6359
City	State	Zip Code
WASHINGTON	DC	20004
FEC ID number of contributing federal political committee. <b>C</b> C00002261		Amount of Each Receipt this Period 106.28
Name of Employer	Occupation	In-kind - fundraiser supplies
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.28	

Full Name (Last, First, Middle Initial) <b>C. GREAT-WEST LIFE &amp; ANNUITY INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 8525 E DRCHARD ROAD		Transaction ID: SA11C.6340
City	State	Zip Code
ENGLEWOOD	CO	80111
FEC ID number of contributing federal political committee. <b>C</b> C00263723		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	5206.28
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. KINDRED HEALTHCARE INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 01 / 27 / 2004
Mailing Address 880 South Fourth Street ONE VENCOR PLAGE		Transaction ID: SA11C.6324
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. <b>C C00242271</b>	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SIERRA HEALTH SERVICES POLITICAL ACTION COMMITTEE (SHSPAC)</b>		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address PO BOX 15645		Transaction ID: SA11C.6338
City State Zip Code LAS VEGAS NV 89114	FEC ID number of contributing federal political committee. <b>C C00295380</b>	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	10000.00
TOTAL This Period (last page this line number only) .....	▶	28206.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address P. O. BOX 1140

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB21B.6364

Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

219.88

Full Name (Last, First, Middle Initial)

**B. FEDERATION OF AMERICAN HOSPITALS PAC (FEDPAC); (FKA AMERICAN HEALTH SYSTEMS PAC)**

Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
In-kind - fundraiser supplies

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB21B.6360

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

106.28

Full Name (Last, First, Middle Initial)

**C. LIMITED BRANDS**

Mailing Address 3 LIMITED PARKWAY

City COLUMBUS State OH Zip Code 43230

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB21B.6369

Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

1285.00

SUBTOTAL of Disbursements This Page (optional) ▶

1591.14

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial)

**A. SALTER LABS**

Mailing Address 100 W. SYCAMORE RD

City ARVIN State CA Zip Code 93203

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB21B.6371

Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

325.00

Full Name (Last, First, Middle Initial)

**B. SPRINT PCS**

Mailing Address P.O. BOX 660092

City DALLAS State TX Zip Code 75266

Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB21B.6368

Date of Disbursement

02 / 10 / 2004

Amount of Each Disbursement this Period

298.04

Full Name (Last, First, Middle Initial)

**C. VICTORY FUNDS INC**

Mailing Address 2505 STONEGATE DR N

City BEDFORD State TX Zip Code 76021

Purpose of Disbursement  
fundraising services

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB21B.6361

Date of Disbursement

01 / 12 / 2004

Amount of Each Disbursement this Period

12000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶

**12623.04**

**TOTAL** This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial)

**A. VICTORY FUNDS INC**

Mailing Address 2505 STONEGATE DR N

City BEDFORD State TX Zip Code 76021

Purpose of Disbursement  
fundraising services

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB21B.6363

Date of Disbursement

01 / 12 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. VICTORY FUNDS INC**

Mailing Address 2505 STONEGATE DR N

City BEDFORD State TX Zip Code 76021

Purpose of Disbursement  
RESEARCH SERVICES

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB21B.6365

Date of Disbursement

02 / 06 / 2004

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

**C. VICTORY FUNDS INC**

Mailing Address 2505 STONEGATE DR N

City BEDFORD State TX Zip Code 76021

Purpose of Disbursement  
FUNDRAISING SERVICES

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB21B.6366

Date of Disbursement

02 / 10 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

18000.00

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

32214.18

Form/Schedule: ~~SB21 B~~  
Transaction ID: ~~SB21 B.6361~~

Expenses are not committee-specific and are not on behalf of any specific candidates.

~~24990055327~~

Form/Schedule: ~~SB21 B~~  
Transaction ID: ~~SB21 B.6363~~

Expenses are not committee-specific and are not on behalf of any specific candidates.

Form/Schedule: ~~SB21 B~~  
Transaction ID: ~~SB21 B.6355~~

Expenses are not committee-specific, and are not on behalf of any specific candidates.

2499005528

Form/Schedule: ~~SB21 B~~  
Transaction ID: ~~SB21 B.6386~~

Expenses are not committee-specific, and are not on behalf of any specific candidates.