

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUN 18 1 09 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Republican Majority Fund</b>	2. FEC IDENTIFICATION NUMBER <b>C00296640</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1155 21st Street, NW, Suite 300</b>	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <b>Washington, DC 20038</b>	

## 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:

- |                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input checked="" type="checkbox"/> June 20 | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20            | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20          | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20       | <input type="checkbox"/> 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>05/01/99</u> through <u>05/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 179,318.80
(b) Cash on Hand at Beginning of Reporting Period	\$ 209,843.81	
(c) Total Receipts (from Line 19)	\$ 116,347.12	\$ 260,857.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 326,190.73	\$ 440,178.41
7. Total Disbursements (from Line 30)	\$ 46,801.63	\$ 180,787.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 279,389.05	\$ 279,389.05
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 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 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 <b>Barbara W. Bonfiglio, Assistant Treasurer</b>	Date <b>6/18/99</b>
Signature of Treasurer 	

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 <b>Republican Majority Fund</b>		REPORT COVERING PERIOD	
		FROM <b>05/01/99</b>	TO: <b>05/31/99</b>
		COLUMN A Total Title Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	16,000.00	28,750.00	11(a)(f)
ii. Unitemized	430.00	430.00	11(a)(g)
iii. Total (add i and ii) >	16,430.00	29,180.00	11(a)(h)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	99,000.00	228,000.00	11(c)
d. Total Contributions (add a ii, b and c) >	116,430.00	257,180.00	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.)	917.12	3,577.61	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) >	116,347.12	260,657.61	19
20. Total Federal Receipts (subtract line 18 from line 19) >	116,347.12	260,657.61	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(b)
ii. Non-Federal Share	0.00	0.00	21(a)(c)
b. Other Federal Operating Expenditures	18,801.68	91,287.36	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	18,801.68	91,287.36	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	28,000.00	64,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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. Individuals/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	5,000.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	5,000.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	46,801.68	160,787.36	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	46,801.68	160,787.36	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	116,430.00	257,180.00	32
33. Total Contribution Refunds (from line 28d)	0.00	5,000.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	116,430.00	252,180.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	18,801.68	91,287.36	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	18,801.68	91,287.36	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 6  
FOR LINE NUMBER 11c

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

**NAME OF COMMITTEE (In Full)**  
Republican Majority Fund

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Cigar PAC</b> <b>1100 17th Street, NW</b> <b>Washington, DC 20036</b>  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)  05/04/99	Amount of Each Receipt this Period  1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>John Hancock Mutual Life Insurance</b> <b>PO Box 111</b> <b>Boston, MA 02117</b>  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)  05/04/99	Amount of Each Receipt this Period  1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>GAS PAC</b> <b>400 N Capitol Street, NW</b> <b>Washington, DC 20001</b>  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)  05/04/99	Amount of Each Receipt this Period  1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Clothing Industry and Workers PAC</b> <b>1156 21st St., NW, Ste. 300</b> <b>Washington, DC 20036</b>  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)  05/04/99	Amount of Each Receipt this Period  1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>BankBoston Corporation PAC</b> <b>Finance Administration</b> <b>Federal Street Office</b> <b>Boston, MA 02110</b>  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)  05/04/99	Amount of Each Receipt this Period  1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>McDermott, Will and Emery PAC</b> <b>1200 18th St., NW, 8th fl.</b> <b>Washington, DC 20036</b>  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)  05/04/99	Amount of Each Receipt this Period  1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>FPL Employees' PAC</b> <b>P.O. Box 14000</b> <b>Juno Beach, FL 33408</b>  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)  05/04/99	Amount of Each Receipt this Period  5,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**11,000.00**

**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 **6**  
FOR LINE NUMBER **11 c**

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NAME OF COMMITTEE (in Full)  
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code <b>Kerr-McGee Corporation PAC</b> <b>PO Box 25861</b> <b>Oklahoma City, OK 73125</b>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>5,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>5,000.00</b>
B. Full Name, Mailing Address and ZIP Code <b>Koch PAC</b> <b>P.O. Box 2266</b> <b>Wichita, KS 67201</b>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
C. Full Name, Mailing Address and ZIP Code <b>Goldman Sachs PAC</b> <b>1101 Pennsylvania Ave.</b> <b>Suite 900</b> <b>Washington, DC 20004</b>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>5,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>5,000.00</b>
D. Full Name, Mailing Address and ZIP Code <b>Food Distributors PAC</b> <b>201 Park Washington Court</b> <b>Falls Church, VA 22048</b>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
E. Full Name, Mailing Address and ZIP Code <b>AFIT PAC</b> <b>112 S. West Street</b> <b>Suite 310</b> <b>Alexandria, VA 22314</b>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>5,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>5,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
F. Full Name, Mailing Address and ZIP Code <b>The Newhall Land and Farming Company</b> <b>23823 Valencia Blvd.</b> <b>Valencia, CA 91355</b>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>2,500.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>2,500.00</b>
G. Full Name, Mailing Address and ZIP Code <b>National Association of Life Underwriters PAC</b> <b>1922 F Street, NW</b> <b>Washington, DC 20006</b>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>2,500.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>2,500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <b>2,500.00</b>	Date (month, day, year)  <b>05/04/99</b>	Amount of Each Receipt this Period  <b>2,500.00</b>

**SUBTOTAL** of Receipts This Page (optional) .....

**16,500.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 6  
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)  
Republican Majority Fund

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>DaimlerChrysler Corporation PAC</b> <b>1000 Chrysler Drive</b> <b>Auburn Hills, MI 48326</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/04/99	
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>B. Full Name, Mailing Address and ZIP Code</b> <b>The Williams Companies PAC</b> <b>PO Box 2400</b> <b>Tulsa, OK 74102</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/04/99	
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
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>NRA-Political Victory Fund</b> <b>11250 Waples Mill Road</b> <b>Fairfax, VA 22030</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/04/99	
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>D. Full Name, Mailing Address and ZIP Code</b> <b>ENRON Corp. PAC</b> <b>1400 Smith, Suite EB 4520</b> <b>Houston, TX 77002</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/04/99	
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>E. Full Name, Mailing Address and ZIP Code</b> <b>Torchmark PAC</b> <b>2001 Third Ave., South</b> <b>Birmingham, AL 35233</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/04/99	
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>F. Full Name, Mailing Address and ZIP Code</b> <b>El Paso Energy Co. PAC</b> <b>801 13th St., NW, Ste. 860 S</b> <b>Washington, DC 20005</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/04/99	
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>G. Full Name, Mailing Address and ZIP Code</b> <b>American Council of Life Insurance PAC</b> <b>1001 Pennsylvania Ave., NW</b> <b>Washington, DC 20004</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/04/99	
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

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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PAGE **4** OF **6**  
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NAME OF COMMITTEE (in Full)  
Republican Majority Fund

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Waste Management PAC</b> 601 Penn., Ave., NW, Ste. 300 North Building Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/24/99	
Aggregate Year-to-Date > \$		5,000.00	5,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>IP PAC</b> 1101 Pennsylvania Ave., NW Suite 300 Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Date (month, day, year) 05/24/99 Occupation	
Aggregate Year-to-Date > \$		5,000.00	5,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>MassMutual PAC</b> 1295 State Street Springfield, MA 01111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Date (month, day, year) 05/24/99 Occupation	
Aggregate Year-to-Date > \$		5,000.00	5,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>UPSPAC</b> 66 Glenlake Parkway, NE Atlanta, GA 30328 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Date (month, day, year) 05/24/98 Occupation	
Aggregate Year-to-Date > \$		5,000.00	5,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>America's Community Bankers PAC</b> 900 19th St., NW, #400 Washington, DC 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Date (month, day, year) 05/24/99 Occupation	
Aggregate Year-to-Date > \$		1,000.00	1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>National Right to Life PAC</b> 419 7th St., NW, #600 Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Date (month, day, year) 05/24/98 Occupation	
Aggregate Year-to-Date > \$		1,000.00	1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Society of Thoracic Surgeons</b> 1200 19th Street, NW Suite 300 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Date (month, day, year) 05/24/99 Occupation	
Aggregate Year-to-Date > \$		1,000.00	1,000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**23,000.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **5** OF **8**  
FOR LINE NUMBER **11c**

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NAME OF COMMITTEE (In Full)  
Republican Majority Fund

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Realtors PAC</b> <b>430 N. Michigan Ave.</b> <b>Chicago, IL 60611</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/24/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Rite Aid PAC</b> <b>PO Box 3165</b> <b>Harrisburg, PA 17105</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>General Electric Company PAC</b> <b>1299 Penn. Ave., NW, #1100</b> <b>Washington, DC 20004</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Petroleum Marketers Asso. PAC</b> <b>1901 N. Fort Myer Dr., Ste. 1200</b> <b>Arlington, VA 22209</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/28/99	
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>E. Full Name, Mailing Address and ZIP Code</b> <b>The Glaxo Wellcome PAC</b> <b>Five Moore Drive</b> <b>Research Triangle Pk, NC 27709</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/28/99	
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>F. Full Name, Mailing Address and ZIP Code</b> <b>Olsson, Frank &amp; Weeda, PAC</b> <b>1400 Sixteenth St., #400</b> <b>Washington, DC 20036</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/28/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Mutual of Omaha Companies PAC</b> <b>Mutual of Omaha Plaza</b> <b>Omaha, NE 68175</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/28/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 15,000.00

**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 **6** OF **6**  
FOR LINE NUMBER **17c**

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Pacifcare PAC 3120 Lake Center Dr. P.O. Box 25186 Santa Ana, CA 92799	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/28/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	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) ..... **1,000.00**

**TOTAL** This Period (last page this line number only) ..... **99,000.00**



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
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><b>A. Full Name, Mailing Address and ZIP Code</b> Kent Thiry 124 Warren Rd. San Mateo, CA 94401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Vivra</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 06/04/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Richard Belas 1455 Pennsylvania Ave., NW Suite 1200 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 Davis &amp; Harman</p> <p>Occupation Lawyer</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 06/04/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Mark Heitz 260 Yorkshire Topeka, KS 66603</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Amvestors Financial Corporation</p> <p>Occupation executive</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 06/04/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Leslie Brorsen 6809 Magnolia Lane Falls Church, VA 22041</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ernst and Young LLP</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/04/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Peter Madigan 903 Vicar Lane Alexandria, VA 22032</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Boland &amp; Madigan</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date &gt; \$ 2,500.00</p>	<p>Date (month, day, year) 05/04/99</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Barry Gottahrer 102 Quay St. Alexandria, VA 22314</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Gottahrer &amp; Company</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/04/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Covington &amp; Burling 1201 Pennsylvania Ave., NW PO Box 7588 Washington, DC 20044-7588</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Covington &amp; Burling-Partnership</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 06/04/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... 8,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 11 a i

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

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Roderick DeArment</b> <b>1201 Pennsylvania Ave., NW</b> <b>Washington, DC 20044</b>	<b>Name of Employer</b> <b>Covington &amp; Burling</b>	<b>Date (month, day, year)</b> <b>05/04/99</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Lawyer</b>	<b>Aggregate Year-to-Date</b> > \$ <b>0.00</b>	<b>(Memo Entry)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Peter J. Nickles</b> <b>1201 Penn. Ave, NW</b> <b>PO Box 7566</b> <b>Washington, DC 20044-7566</b>	<b>Name of Employer</b> <b>Covington &amp; Burling</b>	<b>Date (month, day, year)</b> <b>05/04/99</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Lawyer</b>	<b>Aggregate Year-to-Date</b> > \$ <b>0.00</b>	<b>(Memo Entry)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>John P. Rupp</b> <b>1201 Penn. Ave, NW</b> <b>PO Box 7566</b> <b>Washington, DC 20044-7566</b>	<b>Name of Employer</b> <b>Covington &amp; Burling</b>	<b>Date (month, day, year)</b> <b>05/04/99</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Lawyer</b>	<b>Aggregate Year-to-Date</b> > \$ <b>0.00</b>	<b>(Memo Entry)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Wesley S. Williams Jr</b> <b>1201 Penn. Ave.</b> <b>PO Box 7566</b> <b>Washington, DC 20044-7566</b>	<b>Name of Employer</b> <b>Covington &amp; Burling</b>	<b>Date (month, day, year)</b> <b>06/04/99</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Lawyer</b>	<b>Aggregate Year-to-Date</b> > \$ <b>0.00</b>	<b>(Memo Entry)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Jeffrey Kurzweil</b> <b>808 Olde Georgetown Court</b> <b>Great Falls, VA 22066</b>	<b>Name of Employer</b> <b>self employed</b>	<b>Date (month, day, year)</b> <b>05/24/99</b>	<b>Amount of Each Receipt this Period</b>  <b>1,000.00</b>
	<b>Occupation</b> <b>attorney</b>	<b>Aggregate Year-to-Date</b> > \$ <b>1,000.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Stephen Hood</b> <b>760 Coral Reef Dr.</b> <b>Tampa, FL 33602</b>	<b>Name of Employer</b> <b>Info requested</b>	<b>Date (month, day, year)</b> <b>05/24/99</b>	<b>Amount of Each Receipt this Period</b>  <b>1,500.00</b>
	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > \$ <b>1,500.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Nicholas Callo</b> <b>3701 McKinley Street, NW</b> <b>Washington, DC 20015</b>	<b>Name of Employer</b> <b>O'Brien &amp; Callo</b>	<b>Date (month, day, year)</b> <b>05/24/99</b>	<b>Amount of Each Receipt this Period</b>  <b>1,500.00</b>
	<b>Occupation</b> <b>Attorney</b>	<b>Aggregate Year-to-Date</b> > \$ <b>1,500.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTAL of Receipts This Page (optional)** ..... **4,000.00**

**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 3 OF 3  
FOR LINE NUMBER 11 a i

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Deborah Steelman 8523 Georgetown Pike McLean, VA 22102	<b>Name of Employer</b> Self-employed  <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 05/24/99	<b>Amount of Each Receipt this Period</b> 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$ 2,500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Gary Andres 610 Langston Lane Falls Church, VA 22046	<b>Name of Employer</b> The Dutko Group  <b>Occupation</b> Partner/Vice-President	<b>Date (month, day, year)</b> 05/28/99	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$ 1,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$	
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$	
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$	
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Aggregate Year-to-Date</b> > \$	

<b>SUBTOTAL of Receipts This Page (optional)</b>	3,500.00
<b>TOTAL This Period (last page this line number only)</b>	16,000.00

**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

<b>A. Full Name, Mailing Address and ZIP Code</b> 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	05/28/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,677.61		917.12
<b>B. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	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 > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	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 > \$		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	917.12
<b>TOTAL This Period (last page this line number only)</b> .....	917.12

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rachel Pearson 505 East Braddock Road #402 Alexandria, VA 22314	March and April Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/11/99	10,000.00
B. Full Name, Mailing Address and ZIP Code Doral Golf Resort and Spa 4400 NW 87th Ave., Miami, FL 33178-9192	fundraising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/11/99	3,066.88
C. Full Name, Mailing Address and ZIP Code Williams & Jensen, P.C. 1155 21st Street, NW, Suite 300 Washington, DC 20036	March and April Legal fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/11/99	337.83
D. Full Name, Mailing Address and ZIP Code Cellular One P.O. Box 64651 Baltimore, MD 21264-4651	cellular phone bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/11/99	21.42
E. Full Name, Mailing Address and ZIP Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	credit card expense see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/99	5,385.55
F. Full Name, Mailing Address and ZIP Code Morton's of Chicago Washington, DC	fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/99	5,385.55 (Memo Entry)
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	18,801.88
<b>TOTAL</b> This Period (last page this line number only) .....	18,801.88

**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
Ensign for Senate 1000 East Sahara, Suite D Las Vegas, NV 89104	John Ensign, U.S. SENATE NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/99	5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns Box 1532 Billings, MT 69103	Conrad Burns, U.S. SENATE MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/11/99	5,000.00
C. Full Name, Mailing Address and ZIP Code Santorum 2000 48 Ordale Blvd. Pittsburgh, PA 15028	Rick Santorum, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/13/99	5,000.00
D. Full Name, Mailing Address and ZIP Code Kyl for U.S. Senate PO Box 10248 Phoenix, AZ 85064	Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	5,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Senator Thomas PO Box 1580 Casper, WY 82602	Craig Thomas, U.S. SENATE WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/99	5,000.00
F. Full Name, Mailing Address and ZIP Code Hayes for Congress 102 Church Street, N. Concord, NC 28025	Robin Hayes, U.S. HOUSE 8th NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/20/99	3,000.00
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) .....

28,000.00

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

28,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
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