

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
MAIL ROOM

Dec 5 5 12 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>REPUBLICAN MAJORITY FUND</b>	2. FEC IDENTIFICATION NUMBER <b>CD0296640</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>P. O. BOX 19897</b>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 11A)
CITY, STATE and ZIP CODE <b>ALEXANDRIA, VA 22320-0897</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 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  
11-5-96 in the State of Virginia
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period: <u>10/17/96</u> through <u>11/25/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 206,426.45
(b) Cash on Hand at Beginning of Reporting Period	\$ 212,147.12	
(c) Total Receipts (from Line 19)	\$ 35,150.00	\$ 472,448.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 247,297.12	\$ 678,874.45
7. Total Disbursements (from Line 30)	\$ 69,649.37	\$ 501,226.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 177,647.75	\$ 177,647.75
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 20463 Toll Free 800-424-9530 Local 202-219-3470
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

Signature of Treasurer: Rachel Pearson Date: 12/5/96

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	REPORT COVERING PERIOD		
REPUBLICAN MAJORITY FUND	FROM 10/17/96	TO: 11/05/96	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	13,150.00	242,493.00	11(a)
ii. Unitemized	0.00	3,005.00	11(a)
iii. Total (add i and ii) >	13,150.00	245,498.00	11(a)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	22,000.00	221,050.00	11(c)
d. Total Contributions (add a iii, b and c) >	35,150.00	446,548.00	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	5,900.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	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) >	35,150.00	472,448.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	35,150.00	472,448.00	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)
ii. Non-Federal Share	0.00	0.00	21(a)
b. Other Federal Operating Expenditures	6,470.37	69,328.10	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	6,470.37	69,328.10	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	53,179.00	348,498.60	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	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	10,000.00	83,400.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	69,649.37	501,226.70	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	69,649.37	501,226.70	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	35,150.00	446,548.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	35,150.00	446,548.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	6,470.37	69,328.10	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	6,470.37	69,328.10	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Alton W. Adams 60 Red Barn Road Trumbull, CT 06611	United States Tobacco Co.	10/25/96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. V.P. - Manufacturing Aggregate Year-to-Date > \$1000.00		
Mr. Guy M. Blynn P. O. Box 20383 Winston-Salem, NC 27120	RJ Reynolds Tobacco Co.	10/30/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: executive Aggregate Year-to-Date > \$ 200.00		
Dr. Leonard H. Brown 6913 S. Canton Tulsa, OK 74136	Self	10/25/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 200.00		
John Bucchignano 193 S. Bald Hill Road New Canaan, CT 06840	UST Inc.	10/29/96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive VP Aggregate Year-to-Date > \$ 1000.00		
Nicholas Calio 3701 McKinley Street, NW Washington, DC 20015	O'Brien, Calio	10/28/96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant Aggregate Year-to-Date > \$ 1000.00		
Don V. Cogman 235 Hawks Hill Road New Canaan, CT 06840	Burson-Marsteller	10/28/96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 1000.00		
Douglas R. Cummings 4917 N. Portland Oklahoma City, OK 73112	Cummings Oil Company	10/29/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Oil & Gas Operations Aggregate Year-to-Date > \$ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (colonne)			4900.00
<b>TOTAL</b> This Period (last page this line number only)			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 11 a.i.

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**NAME OF COMMITTEE (In Full)**

REPUBLICAN MAJORITY FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. P. J. Qudari, Jr. 401 N. Main Street Winston-Salem, NC 27101	RJ Reynolds Tobacco Co.	10/25/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sales Executive Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel W. Donahue 2830 Forest Drive Winston-Salem, NC 27104	RJ Reynolds Tobacco Co.	10/25/96	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Vincent A. Gierer, Jr. 65 Highfield Road Wilton, CT 06897	UST Inc.	10/28/96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Executive Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth J. Lapiejko P. O. Box 116 Lewisville, NC 27023	RJ Reynolds Tobacco Co.	10/28/96	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP/CFO Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
H. Colin McBride 11 Sloehidden Road Briarcliff Manor, NY 10510	RJ Reynolds Tobacco Co.	10/29/96	600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 600.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert D. Rothenberg 226 Dogwood Lane Stamford, CT 06903	UST Inc.	10/28/96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Corporate Executive Aggregate Year-to-Date > \$ 1000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Peter Roy 350 Lincoln Street, #111 Hingham, MA 02043	IEC Corp.	10/29/96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: power plant consultant Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional) ..... 4650.00

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 **11a.i.**

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**NAME OF COMMITTEE (In Full)**

REPUBLICAN MAJORITY FUND

A. Full Name, Mailing Address and ZIP Code Stephen B. Roy 350 Lincoln Street, #111 Hingham, MA 02043	Name of Employer TEC Corp. Occupation Power plant consultant Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Home Products Occupation Executive Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code John R. Stafford 11 Arden Lane Essex Falls, NJ 07021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UST Inc. Occupation Attorney Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code Richard H. Verheij 76 Hollow Tree Ridge Road Darien, CT 06820 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RJ Reynolds Tobacco Co. Occupation Executive Aggregate Year-to-Date > \$600.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 600.00
D. Full Name, Mailing Address and ZIP Code Jason H. Wright 130 Kent Hollow Road Kent, CT 06757 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) ..... 3600.00

**TOTAL** This Period (last page this line number only) ..... 13150.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11c

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**NAME OF COMMITTEE (In Full)**

REPUBLICAN MAJORITY FUND

A. Full Name, Mailing Address and ZIP Code AHP Good Government Fund 685 Third Avenue New York, NY 10017	Name of Employer  Occupation	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2000.00	
B. Full Name, Mailing Address and ZIP Code BankAmerica Corp. PAC P. O. Box 37000 San Francisco, CA 94137	Name of Employer  Occupation	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2000.00	
C. Full Name, Mailing Address and ZIP Code Bear Stearns PAC 245 Park Avenue New York, NY 10167	Name of Employer  Occupation	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code CSX Good Government Fund P. O. Box C-32222 Richmond, VA 23261	Name of Employer  Occupation	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 3000.00	
E. Full Name, Mailing Address and ZIP Code Koch Industries PAC P. O. Box 2256 Wichita, KS 67201	Name of Employer  Occupation	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 4000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 4000.00	
F. Full Name, Mailing Address and ZIP Code Motion Picture Assoc. of America PAC 1600 Eye Street, NW Washington, DC 20006	Name of Employer  Occupation	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code NRDA PAC P. O. Box 2219 Reston, VA 22090	Name of Employer  Occupation	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional) ..... 14000.00

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 2  
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

REPUBLICAN MAJORITY FUND

A. Full Name, Mailing Address and ZIP Code Nationwide Political Participation Committee Operating Account One nationwide Plaza, 1-32-09 Columbus, OH 43216 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code Oral & Maxillofacial Surgery PAC 9700 W. Bryn Mawr Avenue Rosemont, IL 60018 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 2000.00
C. Full Name, Mailing Address and ZIP Code Outback Steakhouse Inc PAC 550 N. Reo Street, #204 Tampa, FL 33609 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 5000.00
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

22000.00

**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 - CONTRIBUTIONS TO FEDERAL CANDIDATES AND COMMITTEES**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republican National Committee 310 First Street, SE Washington, DC 20003	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	15000.00
B. Full Name, Mailing Address and ZIP Code National Republican Congressional Comm 310 First Street, SE Washington, DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	10000.00
C. Full Name, Mailing Address and ZIP Code National Republican Senatorial Comm. 425 Second Street, SE Washington, DC 20002	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96 10/30/96	10000.00 5000.00
D. Full Name, Mailing Address and ZIP Code Friends of Phil Gramm P. O. Box 56087 Dallas, TX 75356	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/96	5000.00
E. Full Name, Mailing Address and ZIP Code National Right to Life Committee 419 7th Street, NW, #500 Washington, DC 20004	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	5000.00
F. Full Name, Mailing Address and ZIP Code JoAnn Emerson P.O. Box 822 Cape Girardeau, MO 63702	Purpose of Disbursement JoAnn Emerson, House Candidate, 8th, Missouri Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/96	1000.00
G. Full Name, Mailing Address and ZIP Code Hulshof for Congress P. O. Box 1621 Columbia, MO 65205	Purpose of Disbursement Kenny Hulshof, House Candidate, 9th, Missouri Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/96	1000.00
H. Full Name, Mailing Address and ZIP Code TWA Airlines 1601 K Street, NW Washington, DC 20006	Purpose of Disbursement Travel expenses, Jim Talent, House Candidate, 2nd, Missouri Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/96	243.00 (*IN-KIND)
I. Full Name, Mailing Address and ZIP Code Northwest Airlines 16th & K Street, NW Washington, DC 20006	Purpose of Disbursement Travel expenses, Rudy Boschwitz, Senate Candidate, Minnesota Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	936.00 (*IN-KIND)

SUBTOTAL of Disbursements This Page (optional) .....

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

**\$53179.00**



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

REPUBLICAN MAJORITY FUND - CONTRIBUTIONS TO STATE CANDIDATES AND COMMITTEES

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Illinois Right to Life Committee 1102 Milton Road Washington, DC 20004	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	5000.00
B. Full Name, Mailing Address and ZIP Code Campaign to Elect Greg Piatt 427 K Street, SW Ardmore, OK 73401	Purpose of Disbursement nonfederal contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/96	1000.00
C. Full Name, Mailing Address and ZIP Code Committee for Carla Smalts HCR 1, Box 26 Keyes, OK 73947	Purpose of Disbursement nonfederal contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/96	1000.00
D. Full Name, Mailing Address and ZIP Code Hiatt for the House Route 1, Box 32 Kellyville, OK 74039	Purpose of Disbursement nonfederal contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/96	1000.00
E. Full Name, Mailing Address and ZIP Code Forsythe for State Legislature 1601 S. Lewis Tulsa, OK 74104	Purpose of Disbursement nonfederal contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	2000.00
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) .....

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

\$10000.00

**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
Bittersweet Catering 103 North Alfred St. Alexandria, VA 22314	catering	11/6/96	378.25
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Delta Airlines 1605 K Street, NW Washington, DC 20006	travel	11/8/96	364.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/22/96	60.00
C. Full Name, Mailing Address and ZIP Code London Town Cars 40-14 23rd St Long Island City, Queens. 11101	transportation	11/22/96	320.93
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Mark Nichols 504 Lambeth Circle Edmond, OK 73003	consulting	10/24/96	200.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Don Nickles 133 Hart Senate Building Washington, DC 20510	travel reimbursement	11/15/96	455.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Rachel Pearson 545 East Braddock Rd. Alexandria, VA 22314	consulting	10/29/96	2500.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/29/96	320.00
G. Full Name, Mailing Address and ZIP Code Postmaster Washington, DC 20510	postage	10/10/96	64.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/29/96	58.00
		10/17/96	104.00
H. Full Name, Mailing Address and ZIP Code Senate Gift Shop Washington, DC 20510	hostess gifts	10/30/96	72.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/18/96	85.00
I. Full Name, Mailing Address and ZIP Code The Sky Club 200 Park Avenue New York City, NY 10166-0232	luncheon expense	10/23/96	1061.63
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Disbursements This Page (optional) ..... 6042.81

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
UPS PO Box 85036 Louisville, KY 40285-5036	mailing expense	10/29/96	70.07
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/13/96	109.00
	<input type="checkbox"/> Other (specify):	11/22/96	12.25
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			191.32
TOTAL This Period (last page this line number only)			6234.13

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.

Hand Delivered DATE OF RECEIPT  
*12-5-96*

First Class Mail POSTMARKED

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Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED  
and/or DATE OF RECEIPT

*ML*  
PREPARER

*12-6-96*  
DATE PREPARED