

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

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

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

2000 FEB 20 4 0 39

2. FEC IDENTIFICATION NUMBER
000117721

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1-1-2000</u> through _____		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 104367.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 104367.63	
(c) Total Receipts (from Line 19)	\$ 44,000	\$ 44,000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 148367.63	\$ 148367.63
7. Total Disbursements (from Line 30)	\$ 3437.60	\$ 3437.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 144930.03	\$ 144930.03
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 2600. ⁰⁰	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Kathanna J. Dodge

Signature of Treasurer
Kathanna J. Dodge

Date
2-18-2000

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

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
Congressional Majority Committee			
I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	35,000	35,000	11(a)
ii. Unitemized	0		11(b)
iii. Total (add i and ii) >	35,000	35,000	11(c)
b. Political Party Committees	0		11(d)
c. Other Political Committees (such as PACs)			11(e)
d. Total Contributions (add a ii, b and c) >			11
12. Transfers From Affiliated/Other Party Committees	0		12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	1,000. ⁰⁰	1,000. ⁰⁰	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity	44,000	44,000	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			19
20. Total Federal Receipts (subtract line 16 from line 19) >			20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	3437. ⁰⁰	3437. ⁰⁰	21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	3437. ⁰⁰	3437. ⁰⁰	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			21
22. Transfers to Affiliated/Other Party Committees	0		22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made	0		26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28
29. Other Disbursements	3437. ⁰⁰	3437. ⁰⁰	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3437. ⁰⁰		30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	35,000. ⁰⁰	35,000. ⁰⁰	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3437. ⁰⁰	3437. ⁰⁰	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **1**
FOR LINE NUMBER

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

NAME OF COMMITTEE (in Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Oxford Health Plans, Inc Committee for Quality Healthcare 48 Monroe Turnpike Trumbull, CT 06611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/03/2000	1000. ⁰⁰
B. Full Name, Mailing Address and ZIP Code Health Industry Manufactures PAC 1200 G St. N.W. Washington, D.C. 20005-3814 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/11/2000	1000. ⁰⁰
C. Full Name, Mailing Address and ZIP Code Microsoft Corporation, PAC 16011 N.E. 36th Way Redmond, Washington 98073 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/1/2000	1,500. ⁰⁰
D. Full Name, Mailing Address and ZIP Code National Association of Health Underwriters 1000 Connecticut Ave. NW #210 Washington, D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1,500. ⁰⁰
E. Full Name, Mailing Address and ZIP Code Delta PAC (multi-candidate) 1515 W. 22nd St. Suite 1200 Oak Brook, IL 60521 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		1/25/2000	1,500. ⁰⁰
F. Full Name, Mailing Address and ZIP Code Health Insurance PAC 555 13th St. NW Ste. 600 East Washington, D.C. 20004-1109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/03/2000	1,500. ⁰⁰
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **8000.⁰⁰**

TOTAL This Period (next page this line number only) **8000.⁰⁰**

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code
 Chabot for Congress
 105 W. 4th St. Room 1133
 Cincinnati, OH 45202

Receipt For: Primary General
 Other (specify):

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Occupation	2/1/2000	1000.00
Aggregate Year-to-Date \rightarrow 1		

B. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Occupation		
Aggregate Year-to-Date \rightarrow 2		

C. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Occupation		
Aggregate Year-to-Date \rightarrow 3		

D. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Occupation		
Aggregate Year-to-Date \rightarrow 4		

E. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Occupation		
Aggregate Year-to-Date \rightarrow 5		

F. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Occupation		
Aggregate Year-to-Date \rightarrow 6		

G. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Occupation		
Aggregate Year-to-Date \rightarrow 7		

SUBTOTAL of Receipts This Page (optional) \rightarrow 1000.00

TOTAL This Period (just page this line number only) \rightarrow 1000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code

Deborah Steelman
555 12th St NW #1230
Washington D.C.

Receipt For: Primary General
 Other (specify):

Name of Employer

Steelman & Assoc.

Occupation

self employed

Aggregate Year-to-Date > \$

Date (month, day, year)

1/14/2000

Amount of Each Receipt this Period

3000.⁰⁰

B. Full Name, Mailing Address and ZIP Code

James F. Flaherty
211 South Bristol Ave.
Los Angeles, CA 90049

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month, day, year)

2/15/2000

Amount of Each Receipt this Period

1000.⁰⁰

C. Full Name, Mailing Address and ZIP Code

Albert W. Rice, IV
70 Pomeroy Rd.
Madison, N.J. 07940

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month, day, year)

2/14/2000

Amount of Each Receipt this Period

3000.⁰⁰

D. Full Name, Mailing Address and ZIP Code

Debra A. Cafaro
248 S Ave.
Glencoe, IL 60022-1754

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month, day, year)

2/1/2000

Amount of Each Receipt this Period

1000.⁰⁰

E. Full Name, Mailing Address and ZIP Code

Steven Tighe
25 Sycamore St.
Bronxville, NY 10708-1810

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month, day, year)

2/14/2000

Amount of Each Receipt this Period

1000.⁰⁰

F. Full Name, Mailing Address and ZIP Code

James M Hoyer
2332 Meadowbrook Dr.
Schnecksville, PA 18078

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month, day, year)

2/7/2000

Amount of Each Receipt this Period

1,000.⁰⁰

G. Full Name, Mailing Address and ZIP Code

Edward C. Malmstrom
6 Harwood Dr.
Madison, N.J. 07940

Receipt For: Primary General
 Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month, day, year)

2/7/2000

Amount of Each Receipt this Period

1,000.⁰⁰

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 **1** OF **1**
FORM LINE NUMBER

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jonathan M. Rather 83 Hastings Ln. Stamford, CT 06905 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		02/07/2000	500. ⁰⁰
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony J. Denicola 151 Birch Rd. Franklin Lakes, NJ 07417 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		02/07/2000	500. ⁰⁰
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony J. Denicola 151 Birch Rd. Franklin Lakes, NJ 07417 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		02/7/2000	500. ⁰⁰
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Andrew M. Paul 283 Pondfield Rd. Bronxville, NY 10708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Andrew M. Paul 283 Pondfield Rd. Bronxville, NY 10708 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Queally 67 Lone Tree Farm Rd. New Canaan, CT 06840 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence B. Sorrel 12 Reimer Rd. Scarsdale, NY 10583 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰

SUBTOTAL of Receipts This Page (optional) _____

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

5500.⁰⁰

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NAME OF COMMITTEE (in full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code David Meyer 2138 N. Clifton Ave. Chicago, IL 60614 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thomas Cressey Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/7/2000	Amount of Each Receipt this Period 1000.⁰⁰
B. Full Name, Mailing Address and ZIP Code Norman C Payson Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Oxford Health Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/3/2000	Amount of Each Receipt this Period 1000.⁰⁰
C. Full Name, Mailing Address and ZIP Code James D. Forbes 40 E 80th St. 19A New York, NY 10021-0237 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Merrill Lynch Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/07/2000	Amount of Each Receipt this Period 1000.⁰⁰
D. Full Name, Mailing Address and ZIP Code Victor Campbell 1307 Chickering Rd. Nashville, TX 37215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Columbia/HCA Health Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/07/2000	Amount of Each Receipt this Period 1000.⁰⁰
E. Full Name, Mailing Address and ZIP Code Russell L. Carson 130 East 67th St. New York, NY 10021-0003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/07/2000	Amount of Each Receipt this Period 5000.⁰⁰
F. Full Name, Mailing Address and ZIP Code Sanjay Swami Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 2/07/2000	Amount of Each Receipt this Period 250.⁰⁰
G. Full Name, Mailing Address and ZIP Code D Scott Mackesy 200 Mercer St. Apt. 7M New York, NY 10003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 01/07/2000	Amount of Each Receipt this Period 250.⁰⁰

SUBTOTAL of Receipts This Page (optional)

9500.⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Minicucci 7 Hilltop Rd. South Norwalk, CT 06854 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patrick J. Welsh 3 Essex Rd. Summit, N.J. 07901-2801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patrick J. Welsh 3 Essex Rd. Summit, N.J. 07901-2801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas E. McInerney 255 East 49th St. PHB New York, NY 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas E. McInerney 255 East 49th St. PHB New York, NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas L. Mills 645 Raritan Court Davidsonville, MD 21035 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen R. Puckett 2324 Kingsmill Ter. Charlotte, N.C. 28270 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		2/7/2000	1000. ⁰⁰

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

7000.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Kenneth Melkus 26 Castlewood Ct. Nashville, TN 37215</u>		<u>2/6/2000</u>	<u>1000.⁰⁰</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$</u>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Kenneth Melkus 26 Castlewood Ct. Nashville, TN 37215</u>		<u>2/6/2000</u>	<u>1000.⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$</u>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$</u>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$</u>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$</u>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$</u>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date <u>\$</u>	

SUBTOTAL of Receipts This Page (optional)

2000.⁰⁰

TOTAL This Period (last page this line number only)

35,000.⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)			
Congressional Majority Committee			
A. Full Name, Mailing Address and ZIP Code Mail Boxes Etc.	Purpose of Disbursement mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/31/2000	Amount of Each Disbursement This Period 27.65
B. Full Name, Mailing Address and ZIP Code Victory Funds 2505 Stonewallgate Dr. N Bedford, TX 76021	Purpose of Disbursement telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/20/2000	Amount of Each Disbursement This Period 409.45
C. Full Name, Mailing Address and ZIP Code Victory Funds 2505 Stonegate Dr. N Bedford, TX 76021	Purpose of Disbursement services - Jan Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/27/2000	Amount of Each Disbursement This Period 3000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			3437.60
TOTAL This Period (last page this line number only)			3437.60

