

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC 15 P 1:30

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (Print)		2. FEC IDENTIFICATION NUMBER CO01772
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 555 13th St. # 500 West		
CITY, STATE and ZIP CODE Washington D.C. 20004-1109		
3. <input checked="" type="checkbox"/> 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>7-1-00</u> through <u>9-30-00</u>		
6. (a) Cash on Hand January 1, 19__			\$ <u>99367.63</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>25684.64</u>	
(c) Total Receipts (from Line 18)		\$ <u>12530.00</u>	\$ <u>177427.76</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>98214.64</u>	\$ <u>276795.39</u>
7. Total Disbursements (from Line 30)		\$ <u>26932.86</u>	\$ <u>205513.61</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>71281.78</u>	\$ <u>71281.78</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>1000.00</u>	For further information contact: Federal Election Commission 999 E. Street, NW Washington, DC 20463 Tel Free 800-424-9630 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
Laborna J. Dodge

Signature of Treasurer
Laborna J. Dodge

Date
12-6-00

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

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FEC FORM 3X
(revised 5/99)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Congressional Majority Committee		FROM 7-1-00	TO 9-30-00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		24350. ⁰⁰	72300. ⁰⁰	11(a)(1)
ii. Unitemized		15080. ⁰⁰	24605. ⁰⁰	11(a)(2)
iii. Total (add i and ii) >		39430. ⁰⁰	96905. ⁰⁰	11(a)(3)
b. Political Party Committees				11(b)
c. Other Political Committees (such as PACs)		53100. ⁰⁰	79522. ⁷⁶	11(c)
d. Total Contributions (add a ii, b and c) >		72530. ⁰⁰	176427. ⁷⁶	11(d)
12. Transfers From Affiliated/Other Party Committees				12
13. All Loans Received				13
14. Loan Repayments Received			1000. ⁰⁰	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				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				18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		72530. ⁰⁰	177427. ⁷⁶	19
20. Total Federal Receipts (subtract line 18 from line 19) >		72530. ⁰⁰	177427. ⁷⁶	20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				21(a)(1)
i. Federal Share				21(a)(2)
ii. Non-Federal Share				21(a)(3)
b. Other Federal Operating Expenditures		26932. ⁸⁶	67513. ⁶¹	21(b)
c. Total Operating Expenditures (add a ii, b i, and b) >		26932. ⁸⁶	67513. ⁶¹	21(c)
22. Transfers to Affiliated/Other Party Committees				22
23. Contributions to Federal Candidates/Committees and Other Political Committees			132000. ⁰⁰	23
24. Independent Expenditures (use Schedule E)				24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)				25
26. Loan Repayments Made				26
27. Loans Made				27
28. Refunds of Contributions To:			1000. ⁰⁰	28(a)
a. Individual/Persons Other Than Political Committees				28(b)
b. Political Party Committees				28(c)
c. Other Political Committees (such as PACs)			5000. ⁰⁰	28(d)
d. Total Contribution Refunds (add a, b and c) >			6000. ⁰⁰	28(e)
29. Other Disbursements				29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		26932. ⁸⁶	205513. ⁶¹	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		26932. ⁸⁶	205513. ⁶¹	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		72530. ⁰⁰	176427. ⁷⁶	32
33. Total Contribution Refunds (from line 28d)			6000. ⁰⁰	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		72530. ⁰⁰	170427. ⁷⁶	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		26932. ⁸⁶	67513. ⁶¹	35
36. Offsets to Operating Expenditures (from line 15)				36
37. Net Operating Expenditures (subtract line 36 from 35) >		26932. ⁸⁶	67513. ⁶¹	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 1101

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 C00117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Lam MD 23600 Camino Hermoso Los Altos Hills, Ca 94024	Self	7/14/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warren Schweitzer 80 Why Worry Ln. Woodside, Ca 94062	Self	7/14/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas H. Cromwell, MD 59 Peninsula Rd. Belvedere, Ca 94920	Self	7/6/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven D. Goldfien, MD. 60 Marcela Ave. San Francisco, Ca 94116	Self	7/4/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Murray 3308 Fox Hollow Ln SW Brochester, MN 55902	Self	7/5/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Snyder 2367 Deer Valley Road Midland, MI 48640	Self	7/1/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Joas, MD 3626 Ruffin Road San Diego, Ca 92123	Self	7/3/00	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

6550.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER 16a

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee C00117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John D. Wilkinson 22222 Neff Road Bend OR 97701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation <u>M.D.</u> Aggregate Year-to-Date > \$	7/1/00	500.00
B. Full Name, Mailing Address and ZIP Code Daniel J. Cole 1643 E Highland Ave. Redlands, Ca 92374 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation <u>M.D.</u> Aggregate Year-to-Date > \$	7/8/00	1500.00
C. Full Name, Mailing Address and ZIP Code Joseph P. McGee M.D. 1290 DANA Ave. Palo Alto, Ca 94301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation <u>M.D.</u> Aggregate Year-to-Date > \$	7/6/00	1,000.00
D. Full Name, Mailing Address and ZIP Code R. Lawrence Sullivan, JR. M.D. 1345 Webster St. Palo Alto, Ca 94301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation <u>M.D.</u> Aggregate Year-to-Date > \$	7/14/00	250.00
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)

3,250.00

TOTAL This Period (last page this line number only)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 12/8/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>CF</i> PREPARER	 12/15/00 DATE PREPARED