

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 DEC 20 P 4:31

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Republican Majority Fund		2. FEC IDENTIFICATION NUMBER C00296840
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1155 21st Street, NW, Suite 900		
CITY, STATE and ZIP CODE Washington, DC 20036		
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
- 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	11/01/99 through 11/30/99		
6. (a) Cash on Hand January 1, 19 99			\$ 179,318.30
(b) Cash on Hand at Beginning of Reporting Period		\$ 304,935.00	
(c) Total Receipts (from Line 19)		\$ 39,119.03	\$ 498,219.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 344,055.03	\$ 675,537.69
7. Total Disbursements (from Line 30)		\$ 21,373.58	\$ 352,856.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 322,681.45	\$ 322,680.95
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 888 E Street, NW Washington, DC 20463 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 Barbara W. Bonfiglio, Assistant Treasurer	Date 12/20/99
Signature of Treasurer <i>Barbara W. Bonfiglio</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

FEC FORM 3X
(revised 9/93)

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

(revised 11/1/91)

NAME OF COMMITTEE Republican Majority Fund	REPORT COVERING PERIOD		
	FROM 11/01/89	TO 11/30/89	
	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)	7,250.00	89,845.42	11(a)(i)
ii. Unitemized	6,654.00	10,211.07	11(a)(ii)
iii. Total (add i and ii) >	13,904.00	80,056.49	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	24,000.00	406,150.00	11(c)
d. Total Contributions (add a iii, b and c) >	37,904.00	486,206.49	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	557.10	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.)	1,215.03	9,455.80	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) >	39,119.03	496,219.39	19
20. Total Federal Receipts (subtract line 18 from line 19) >	39,119.03	496,219.39	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	9,873.58	166,324.74	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	9,873.58	166,324.74	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,500.00	174,032.00	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. Individual/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	7,500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	21,373.58	352,856.74	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	21,373.58	352,856.74	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	37,904.00	486,206.49	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)	37,904.00	481,206.49	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	9,873.58	166,324.74	35
36. Offsets to Operating Expenditures (from line 15)	0.00	557.10	36
37. Net Operating Expenditures (subtract line 36 from 35) >	9,873.58	165,767.64	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 Baker & Hostetler PAC 1050 Conn. Ave., NW 11th Floor Washington, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/19/99	
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. Full Name, Mailing Address and ZIP Code Food Marketing Ins. PAC 800 Conn., NW, Ste. 500 Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/22/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		4,000.00
C. Full Name, Mailing Address and ZIP Code Auction Markets PAC of the Chicago Board of 141 W. Jackson Blvd. Chicago, IL 60604	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/22/99	
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
D. Full Name, Mailing Address and ZIP Code New York Life PAC 51 Madison Ave. New York, NY 10010	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/22/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		2,000.00
E. Full Name, Mailing Address and ZIP Code Realtors PAC 430 N. Michigan Ave. Chicago, IL 60611	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/22/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		3,000.00
F. Full Name, Mailing Address and ZIP Code Ice Cream, Milk & Cheese PAC 1250 H St., NW Suite 900 Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/22/99	
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
G. Full Name, Mailing Address and ZIP Code CSX Transportation, Inc. PAC 1331 Penn. Ave., NW Suite 550 Washington, DC 20004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/22/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		2,000.00

SUBTOTAL of Receipts This Page (optional)	15,500.00
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 2
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

A. Full Name, Mailing Address and ZIP Code The Philaton Co. PAC 1000 Virginia Center Pkwy P.O. Box 4228 Glen Allen, VA 23058 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) 11/22/99	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code APRIA Healthcare PAC 3560 Hyland Ave. Costa Mesa, CA 92626 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) 11/22/99	Amount of Each Receipt this Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Oracle Corporation PAC 500 Oracle Parkway Redwood City, CA 94065 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 11/22/99	Amount of Each Receipt this Period 2,500.00
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) **8,500.00**

TOTAL This Period (last page this line number only) **24,000.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)

Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer info requested	Date (month, day, year)	Amount of Each Receipt this Period
Doris Trotter P.O. Box 387 Vian, OK 74962	Occupation	11/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code H.G. Kleemeler 10920 Richmond Avenue Tulsa, OK 74137	Name of Employer Kaiser France Oil	Date (month, day, year) 11/15/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP/COO Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code John Nichols 20 North Broadway Ave. Suite 1 Oklahoma City, OK 73102	Name of Employer retired	Date (month, day, year) 11/15/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Gary Andres 810 Langston Lane Falls Church, VA 22046	Name of Employer The Dutko Group	Date (month, day, year) 11/19/99	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner/Vice-President Aggregate Year-to-Date > \$ 4,595.42		
E. Full Name, Mailing Address and ZIP Code Leanne Boland 4115 Leland St Chevy Chase, MD 20815	Name of Employer homemaker	Date (month, day, year) 11/19/99	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 2,500.00		
F. Full Name, Mailing Address and ZIP Code Mark W. Isakowitz 3198 Pond Mist Way Oak Hill, VA 20171	Name of Employer Pierce & Isakowitz	Date (month, day, year) 11/22/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Todd Walker 3235 Sutton Place, NW Washington, DC 20018	Name of Employer UST Public Affairs	Date (month, day, year) 11/22/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 7,250.00

TOTAL This Period (last page this line number only) 7,250.00

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)

Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code First Union CAP Department One First Union Center Charlotte, NC 28288 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10,732.87	Date (month, day, year) 11/30/89	Amount of Each Receipt this Period 1,215.03
B. 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
C. 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
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)	1,215.03
TOTAL This Period (last page this line number only)	1,215.03

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		
21B		

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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
Rachel Pearson 505 East Braddock Road #402 Alexandria, VA 22314	consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/99	5,000.00
B. Full Name, Mailing Address and ZIP Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	credit card charge- see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/99	3,719.27
C. Full Name, Mailing Address and ZIP Code Marriott Hotels Ponte Vedra, FL	credit card charge- fundraising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/99	13.61 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Tysons Washington Golf Ct. McLean, VA	credit card charge- fundraising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/99	3,599.66 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code First Union National Bank One First Union Center Charlotte, NC 28288-1164	annual fee for cap account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/99	100.00
F. Full Name, Mailing Address and ZIP Code Cellular One P.O. Box 64651 Baltimore, MD 21264-4651	cellular telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	21.37
G. Full Name, Mailing Address and ZIP Code Wolf Mailing 1130 Linwood Oklahoma City, OK 73108	direct mail processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	205.69
H. Full Name, Mailing Address and ZIP Code First USA Bank, NA PO Box 5939 Carol Stream, IL 60197-5939	credit card charges- see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	240.37
I. Full Name, Mailing Address and ZIP Code U.S. Postmaster Washington, DC	postage expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	190.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional) 9,280.90

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
Kinko's Copy Service Edmond, OK	photocopy expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	34.27 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Copelins Office Center Oklahoma City, OK	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	18.10 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Williams & Jansen, P.C. 1155 21st Street, NW, Suite 300 Washington, DC 20038	legal and bookkeeping fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	592.68
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)	592.68
TOTAL This Period (last page this line number only)	9,873.58

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
Pirozzi For Congress 6221 Mount Cook Court Alta Loma, CA 91737	Ella Pirozzi, U.S. HOUSE 42nd CA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1999 Special Election	11/10/99	2,500.00
B. Full Name, Mailing Address and ZIP Code Delta Airlines Washington, DC	Purpose of Disbursement credit card charge- for airfare (Inkind) see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/99	884.36 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Fowler For Congress PO Box 380087 Jacksonville, FL 32210	Purpose of Disbursement credit card charge- for airfare (Inkind) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/99	884.36 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns Box 1532 Billings, MT 59103	Purpose of Disbursement Conrad Burns, U.S. SENATE MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/10/99	4,000.00
E. Full Name, Mailing Address and ZIP Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	Purpose of Disbursement credit card charge- see above Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/99	884.36 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Stenberg For Senate 2000 8107 South 25th Street Lincoln, NE 68512	Purpose of Disbursement Donald Stenberg, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/29/99	5,000.00
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)

11,500.00

TOTAL This Period (last page this line number only)

11,500.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12-21-97</i>
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<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
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<input type="checkbox"/> Electronic Filing	
<i>JM P</i> PREPARER	<i>12-21-97</i> DATE PREPARED