

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 20 P 3 39

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Republican Majority Fund	2. FEC IDENTIFICATION NUMBER C00296640
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1155 21st Street, NW, Suite 300	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20036	

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:

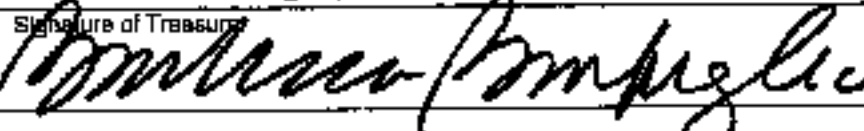
- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 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 <u>09/01/00</u> through <u>09/30/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ <u>304,979.60</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>313,094.90</u>	
(c) Total Receipts (from Line 18)	\$ <u>31,910.58</u>	\$ <u>535,873.07</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>345,005.46</u>	\$ <u>840,852.87</u>
7. Total Disbursements (from Line 30)	\$ <u>165,118.94</u>	\$ <u>650,966.15</u>
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ <u>189,886.52</u>	\$ <u>189,886.52</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	For further information contact: Federal Election Commission 999 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)	\$ <u>0.00</u>	
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

Signature of Treasurer


Date
10/20/00

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE Republican Majority Fund	REPORT COVERING PERIOD		
	FROM 09/01/00	TO 09/30/00	
	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)	11,150.00	106,000.00	11(a)(i)
ii. Unitemized	6,155.00	35,897.11	11(a)(ii)
Total (add i and ii) >	17,305.00	141,897.11	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	13,250.00	376,250.00	11(c)
d. Total Contributions (add a iii, b and c) >	30,555.00	518,147.11	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	4,213.85	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	5,152.50	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,355.56	8,359.61	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	31,910.56	535,873.07	19
20. Total Federal Receipts (subtract line 18 from line 19) >	31,910.56	535,873.07	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	3,777.94	154,445.65	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	3,777.94	154,445.65	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	58,841.00	293,395.50	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	7,000.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	2,500.00	2,500.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	2,500.00	9,500.00	28(d)
29. Other Disbursements	90,000.00	193,625.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	155,118.94	650,966.15	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	155,118.94	650,966.15	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	30,555.00	518,147.11	32
33. Total Contribution Refunds (from line 28c)	2,500.00	9,500.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	28,055.00	508,647.11	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3,777.94	154,445.65	35
36. Offsets to Operating Expenditures (from line 15)	0.00	4,213.85	36
37. Net Operating Expenditures (subtract line 36 from 35) >	3,777.94	150,231.80	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 c

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
The Limited, Inc./Intimate Brands, Inc. Three Limited Parkway Columbus, OH 43230		09/18/00	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	
Professionals in Advertising PAC 1899 L Street, NW Suite 700 Washington, DC 20036		09/18/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
Union Pacific Corp. Fund for Effective 600 Thirteenth St., Ste. 340 Washington, DC 20005		09/21/00	4,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
Cardinal Health Companies PAC 5555 Glendon Court Dublin, OH 43016		09/28/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
The Timken Company Good Government 1835 Duerber Avenue SW Canton, OH 44706		09/28/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
National Association of Health 1000 Connecticut Avenue NW Suite 810 Washington, DC 20036		09/28/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
American Ambulance Association 1255 Twenty-third Street NW Washington, DC 20037		09/28/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

12,500.00

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 **11 c**

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Premier Employee's Civic Action Fund 444 N Capitol Street NW Suite 625 Washington, DC 20001	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	09/28/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		250.00
B. Full Name, Mailing Address and ZIP Code Ohiohealth Star Corporation PAC 3555 Olentangy River Road Columbus, OH 43214	Name of Employer	Date (month, day, year)	
	Occupation	09/28/00	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Rural/Metro Employees PAC 8401 E Indian School Road Scottsdale, AZ 85251	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	09/28/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	13,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **3**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code John T. O'Rourke 11028 Stanmore Drive Potomac, MD 20854	Name of Employer John T. O'Rourke Law Offices Occupation Principal	Date (month, day, year) 09/18/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Gary Carpenter 7469 W Lake Mead Blvd. Suite 200 Las Vegas, NV 89128	Name of Employer Public Policy Research, Inc. Occupation Lobbyist	Date (month, day, year) 09/18/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Susan Andros 810 Langston Ln Falls Church, VA 22046	Name of Employer Union Pacific Occupation Government Affairs	Date (month, day, year) 09/18/00	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 3,500.00	
D. Full Name, Mailing Address and ZIP Code Janet Yaniglos 5700 Lamplighter Drive Girard, OH 44420	Name of Employer Forum Health Occupation Senior Vice President	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Dianne Farabi 1161 Francisco Road Columbus, OH 43220	Name of Employer Self Employed Occupation	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Tony J. Anteau 603 W Front Street Pemberville, OH 43450	Name of Employer MadCorp Occupation Vice President	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Dean A. Martens 30158 Greenlaw Parkway Westlake, OH 44145	Name of Employer Donald Martens & Sons Ambulance Occupation Vice President	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)	5,150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11 & 1

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NAME OF COMMITTEE (in Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Timothy M. Teynor 6932 Salerno Street NW Canton, OH 44718	Name of Employer Aultman Hospital	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
	Occupation Vice President of Public Policy	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Daniel E. Nickelson 11005 Farmview Way Spotsylvania, VA 22533	Name of Employer Cleveland Clinic Foundation	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
	Occupation Info Requested	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Paul Bremer 2148 Bentwood Circle Apt. 2-C Columbus, OH 43235	Name of Employer Cardio Vision	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 1,000.00
	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code William E. George 405 Harrison PO Box 1048 Springfield, OH 45501	Name of Employer Med-Trans, Inc.	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Gary L. Moorman 2942 Shoreland Toledo, OH 43611	Name of Employer St. Vincent's Mercy Medical Center	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Kenneth C. Page 3115 Williams Creek Drive Cincinnati, OH 45244	Name of Employer Marcy Health Partners	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 500.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Brian C. Lockwood 406 Long Pointe Drive Avon Lake, OH 44012	Name of Employer Community Health Partners	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
	Occupation President & CEO	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **4,250.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Ronald L. Kidd 4111 Jackson Pike Grove City, OH 43123	Name of Employer American Orthopedics Occupation CPO	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 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 Susan Smith Makos 7373 Pinehurst Drive Cincinnati, OH 45244	Name of Employer Info Requested Occupation Info Requested	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
C. Full Name, Mailing Address and ZIP Code Brian M. Connolly 33857 Ramble Hills Farmington Hills, MI 48331	Name of Employer Catholic Healthcare Partners Occupation Executive Vice President	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code Michael D. Connelly 1242 Edwards Road Cincinnati, OH 45208	Name of Employer Catholic Healthcare Partners Occupation CEO	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 500.00			
E. Full Name, Mailing Address and ZIP Code Brad J. Harter PO Box 901 Lima, OH 45802	Name of Employer Lima Allen County Paramedics Occupation CEO	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
F. Full Name, Mailing Address and ZIP Code Andrew R. McCulloch 5151 S Charleston Park Springfield, OH 45502	Name of Employer Info Requested Occupation Info Requested	Date (month, day, year) 09/28/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 250.00			
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):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	1,750.00
TOTAL This Period (last page this line number only)	11,150.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code First Union CAP Department One First Union Center Charlotte, NC 28286 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 13,806.72	Date (month, day, year) 09/29/00	Amount of Each Receipt this Period 1,355.56
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)	1,355.56
TOTAL This Period (last page this line number only)	1,355.56

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 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
Cellular One P.O. Box 64651 Baltimore, MD 21264-4851	cellular phone fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/00	56.76
B. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Memphis, TN 38101	delivery expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/00	13.26
C. Full Name, Mailing Address and ZIP Code General Electric 1299 Pennsylvania Ave. Washington, DC 20004-2407	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/00	800.00
D. Full Name, Mailing Address and ZIP Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	credit card charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/08/00	564.97
E. Full Name, Mailing Address and ZIP Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	credit card charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/00	2,327.20
F. Full Name, Mailing Address and ZIP Code Delta Airlines Washington, DC	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/00	88.50 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Tysons Washington Golf Ct. McLean, VA	expenses for PAC fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/00	2,053.24 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Sun Valley Lodge #1 Sun Valley Road Sun Valley, ID 83353	PAC lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/00	4.25 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Sun Valley Lodge #1 Sun Valley Road Sun Valley, ID 83353	PAC lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/00	131.21 (Memo Entry)

SUBTOTAL of Disbursements This Page (colonna)

3,762.19

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Danny Thompson Memorial Golf Tournament PO Box 232 Sun Valley, ID 83353	expenses for PAC fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/00	50.00 (Memo Entry)
B. 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
C. 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
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)	
TOTAL This Period (last page this line number only)	3,762.18

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mattingly for U.S. Senate PO Box 11641 Atlanta, GA 30355	Mack Mattingly, U.S. SENATE GA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Run Off 2000	09/05/00	5,000.00
B. Full Name, Mailing Address and ZIP Code Mattingly for U.S. Senate PO Box 11641 Atlanta, GA 30355	Mack Mattingly, U.S. SENATE GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	4,000.00
C. Full Name, Mailing Address and ZIP Code Joan Johnson for Congress PO Box 5190 Bayshore, NY 11706	Joan B. Johnson, U.S. HOUSE 2nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/06/00	2,500.00
D. Full Name, Mailing Address and ZIP Code Tiberi 2000 5208 Honeytree Loop West Columbus, OH 43229	Patrick Tiberi, U.S. HOUSE 12th OH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Primary Debt Retirement	09/12/00	2,000.00
E. Full Name, Mailing Address and ZIP Code Phill Kline for Congress PO Box 3009 Shawnee Mission, KS 66203	Phill B. Kline, U.S. HOUSE 3rd KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/12/00	2,500.00
F. Full Name, Mailing Address and ZIP Code Union Pacific 600 13th Street Suite 340 Washington, DC 20005	Airfare-in-kind see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/00	1,000.00 (In-Kind)
G. Full Name, Mailing Address and ZIP Code Stenberg For Senate 2000 6107 South 25th Street Lincoln, NE 68512	Airfare-in-kind Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/00	1,000.00 (Memo In-Kind)
H. Full Name, Mailing Address and ZIP Code Fair for Senate 2000 PO Box 2243 Lawton, OK 73502	Steve Fair, U.S. SENATE OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	500.00
I. Full Name, Mailing Address and ZIP Code Robert Milacek for Senate Rt. 1 Box 372 Waukomis, OK 73773	Robert Milacek, U.S. SENATE OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	3,000.00

SUBTOTAL of Disbursements This Page (optional)

20,500.00

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
Jim Reynolds for Senate Committee 9801 S. Harvey Oklahoma City, OK 73139	Jim Reynolds, U.S. SENATE OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Wilkening for Senate 1214 E 33rd Street Suite 100 Tulsa, OK 74105	Paul Wilkening, U.S. SENATE OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
C. Full Name, Mailing Address and ZIP Code Anna Northup for Congress P.O. Box 7313 Louisville, KY 40205	Anne M. Northup, U.S. HOUSE 3rd KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
D. Full Name, Mailing Address and ZIP Code Hayes for Congress 102 Church Street, N. Concord, NC 28025	Robin Hayes, U.S. HOUSE 8th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	1,500.00
E. Full Name, Mailing Address and ZIP Code Hayes for Congress 102 Church Street, N. Concord, NC 28025	Robin Hayes, U.S. HOUSE 8th NC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Primary Debt Retirement	09/19/00	1,500.00
F. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns Box 1532 Billings, MT 59103	Conrad Burns, U.S. SENATE MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Duane Sand for Senate PO Box 1637 Fargo, ND 58107	Duane Sand, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
H. Full Name, Mailing Address and ZIP Code Ashcroft 2000 P.O. Box 464 Jefferson City, MO 65102	John Ashcroft, U.S. SENATE MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Lincoln Chafee for US Senate Committee PO Box 7329 Warwick, RI 02887	Lincoln Chafee, U.S. SENATE RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

22,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
R.J. Reynolds Tobacco Company 1455 Pennsylvania Avenue NW Suite 925 Washington, DC 20004	In-kind airfare--see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/22/00	841.00 (In-Kind)
Blue Grass PAC PO Box 3932 Louisville, KY 40201	In-kind airfare--see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	09/22/00	841.00 (Memo In-Kind)
Rogan For Congress Committee Po Box 36 Montrose, CA 91021	James E. Rogan, U.S. HOUSE 27th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/25/00	2,500.00
Sharpless for Congress 2000 PO Box 260050 Madison, WI 53726	John B. Sharpless, U.S. HOUSE 2nd WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/25/00	5,000.00
Jaffords for Vermont Committee P.O. Box 246 Montpelier, VT 05601	James M. Jeffords, U.S. SENATE VT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/26/00	1,000.00
Santorum 2000 46 Ordale Blvd. Pittsburgh, PA 15028	Rick Santorum, U.S. SENATE PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/28/00	1,000.00
Ensign for Senate 1000 East Sahara, Suite D Las Vegas, NV 89104	John Ensign, U.S. SENATE NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/26/00	1,000.00
Ewing for Congress PO Box 1964 Muskogee, OK 74402	Andy Ewing, U.S. HOUSE 2nd OK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Primary Debt Retirement	09/28/00	5,000.00
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)

16,341.00

TOTAL This Period (last page this line number only)

58,841.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code CIGNA Corp. Political Action Comm. 1650 Market Street Philadelphia, PA 19192-1570	Purpose of Disbursement Contribution Deposited In Error Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 09/26/00	Amount of Each Disbursement This Period 2,500.00
B. 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
C. 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
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)

2,500.00

TOTAL This Period (last page this line number only)

2,500.00

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
Thad Balkman for House District 45 PO Box 97 Norman, OK 73070	Thad Balkman, STATE HOUSE REP. 45th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Chris Benge 2944 W. 68th St. Tulsa, OK 74132	Chris Benge, STATE HOUSE REP. 68th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	2,000.00
C. Full Name, Mailing Address and ZIP Code Kevin Calvey for State Representative 4001 Kim Drive Del City, OK 73115	Kevin Calvey, STATE HOUSE REP. 94th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Cargill 2000 19836 Linda Lane Harrah, OK 73045	Lance Cargill, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
E. Full Name, Mailing Address and ZIP Code Clytus 2000 PO Box 11741 Oklahoma City, OK 73138	Steve Clytus, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	2,000.00
F. Full Name, Mailing Address and ZIP Code Dubie for State House 88 141 Osage Ridge Drive Sand Springs, OK 74063	Carolyn Dubie, STATE HOUSE REP. 66th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	2,000.00
G. Full Name, Mailing Address and ZIP Code Ericson for State House PO Box 151 Muskogee, OK 74402	Stuart Ericson, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
H. Full Name, Mailing Address and ZIP Code Kent Friskup for Representative PO Box 688 Meeker, OK 74855	Kent Friskup, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	2,000.00
I. Full Name, Mailing Address and ZIP Code Tad Jones for State Representative 643-B Earthside Circle Claremore, OK 74017	Tad Jones, STATE HOUSE REP. 8th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00

SUBTOTAL of Disbursements This Page (optional)

30,000.00

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
Friends of Angela Hendrix 3430 N Hwy 69 Bypass McAlester, OK 74501	Angela Hendrix, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	3,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Rick Koch PO Box 685 Weatherford, OK 73096	Rick Koch, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Cecil Kusler 12542 E 18th Street Tulsa, OK 74128	Cecil Kusler, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Mark Liotta 4929 E. 2nd St. Tulsa, OK 74112	Mark Liotta, STATE HOUSE REP. 77th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Lou Martin 609 W. Mockingbird Sapulpa, OK 74066	Lou Martin, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	2,000.00
F. Full Name, Mailing Address and ZIP Code McLawnhorn for State Representative PO Box 5776 Norman, OK 73073	Melissa McLawnhorn, STATE HOUSE REP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	2,000.00
G. Full Name, Mailing Address and ZIP Code Al Mertens for House 99 PO Box 18355 Oklahoma City, OK 73154	Al Mertens, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Michael Nine PO Box 709 Woodward, OK 73802	Michael Nine, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	500.00
I. Full Name, Mailing Address and ZIP Code O'Neal for House Seat 44 1306 W Main Enid, OK 73073	Mike O'Neal, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	3,000.00

SUBTOTAL of Disbursements This Page (optional)

27,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mike Osborn PO Box 60625 Oklahoma City, OK 73146-0625	Mike Osborne, STATE HOUSE REP. 88th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	2,500.00
Friends to Elect Greg Piatt 427 K Southwest Ardmore, OK 73401	Greg Piatt, STATE HOUSE REP. 48th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	3,000.00
Friends of John Smaligo 17029 East 80th St., North Owasso, OK 74055	John Smaligo, STATE HOUSE REP. 74th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
Kris Steele 4207 Blaina Road Shawnee, OK 74804	Kris Steele, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
Friends of Sue Tibbs 10902 East 28th Tulsa, OK 74129	Sue Tibbs, STATE HOUSE REP. 23rd OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
Ukens for House 61 PO Box 95 Hooker, OK 73945	Don Uknes, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00
Committee to Elect Cynthia Whaley PO Box 1897 Duncan, OK 73534	Cynthia Whaley, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	500.00
Friends of Roger Ensign PO Box 1211 Stillwater, OK 74076	Roger Ensign, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	500.00
Friends of Jonathan Nichols 1051 Rambling Oak Drive Norman, OK 73072	Jonathan Nichols, STATE HOUSE REP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	5,000.00

SUBTOTAL of Disbursements This Page (optional)

31,500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)


Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Nancy Riley, STATE SENATE OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 09/19/00	Amount of Each Disbursement This Period 1,000.00
B. 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
C. 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
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)	1,000.00
TOTAL This Period (last page this line number only)	90,000.00

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>10/20/00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
 PREPARER	<i>10/20/00</i> DATE PREPARED