

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUL 18 A 10:07

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>Congressional Majority Committee</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>555 13th St NW West</b>	2. FEC IDENTIFICATION NUMBER <b>00017721</b>
CITY, STATE and ZIP CODE <b>Washington DC 20004-1109</b>	<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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- 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 <b>4-1-00</b> through <b>6-30-00</b>		
6. (a) Cash on Hand January 1, 19_____		\$ 99367.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 119950.60	
(c) Total Receipts (from Line 19)	\$ 33725.00	\$ 104897.76
(d) Subtotal (add Lines 6(b) and 8(c) for Column A and Lines 6(a) and 8(c) for Column B)	\$ 153675.60	\$ 204265.39
7. Total Disbursements (from Line 30)	\$ 127990.96	\$ 178580.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 25684.64	\$ 25684.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 1000.00	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)	\$	

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 <b>Ladonna J. Dudge</b>	Date
Signature of Treasurer <i>Ladonna J. Dudge</i>	<b>7-14-00</b>

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 1/1/81)

NAME OF COMMITTEE <i>Congressional Majority Committee</i>		REPORT COVERING PERIOD	
		FROM <i>4-1-00</i>	TO <i>6-30-00</i>
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		<i>10200.00</i>	<i>47950.00</i>
i. Itemized (use Schedule A)		<i>9525.00</i>	<i>9525.00</i>
ii. Unitemized		<i>79725.00</i>	<i>57475.00</i>
iii. Total (add i and ii)		<i>89250.00</i>	<i>152900.00</i>
b. Political Party Committees		<i>14000.00</i>	<i>46427.76</i>
c. Other Political Committees (such as PACs)		<i>33725.00</i>	<i>103897.76</i>
d. Total Contributions (add a, b and c)		<i>33725.00</i>	<i>103897.76</i>
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			<i>1000.00</i>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		<i>33725.00</i>	<i>104897.76</i>
20. Total Federal Receipts (subtract line 18 from line 19)		<i>33725.00</i>	<i>104897.76</i>
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H):			
i. Federal Share		<i>19990.96</i>	<i>40580.75</i>
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		<i>19990.96</i>	<i>40580.75</i>
c. Total Operating Expenditures (add a i, ii, and b)		<i>19990.96</i>	<i>40580.75</i>
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		<i>108000.00</i>	<i>132000.00</i>
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		<i>0</i>	<i>1000.00</i>
b. Political Party Committees		<i>0</i>	
c. Other Political Committees (such as PACs)		<i>0</i>	<i>5000.00</i>
d. Total Contribution Refunds (add a, b and c)		<i>0</i>	<i>6000.00</i>
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		<i>127990.96</i>	<i>179580.75</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		<i>127990.96</i>	<i>179580.75</i>
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		<i>33725.00</i>	<i>104897.76</i>
33. Total Contribution Refunds (from line 28d)		<i>0</i>	<i>6000.00</i>
34. Net Contributions (other than loans)(subtract line 33 from 32)		<i>33725.00</i>	<i>98897.76</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		<i>19990.96</i>	<i>40580.75</i>
36. Offsets to Operating Expenditures (from line 15)		<i>0</i>	<i>0</i>
37. Net Operating Expenditures (subtract line 36 from 35)		<i>19990.96</i>	<i>40580.75</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 11a

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 C0011721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brenda McClain 485 Middleton Ave North Haven CT 06473	self employed	4/22/00	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Doctor	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
Althea Jagers Smiley 1910 Shadowood Ct Spartanburg SC 29801	self employed	4/19/00	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical doctor	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
David S Smith 405 Penn Valley Rd Penn Valley PA 19072	self employed	6/20/00	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Doctor	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
Patricia Ross 3325 Newwood Hollow Medina OH 44256	Self employed	6/23/00	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Doctor	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
Hung Shing Tseng MD 86 Buckingham Dr. Aurora IL 60506	self employed	6/12/00	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical doctor	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
Proxanne Gertzog 6019 76th Dr. SE Snohomish WA 98290	self employed	6/17/00	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Doctor	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
Erik Gertzog 6019 76th Dr. SE Snohomish WA 98290	Self employed	6/18/00	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical doctor	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

1500.<sup>00</sup>

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

11a

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee C0011721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ed Kutler 6405 tree top circle Columbia MO 21045	Clark Weinstock	4/20/00	1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	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
Vin. Webber 828 S 25th St. Arlington VA 22202	Clark Weinstock	4/20/00	1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	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
Glenn W. Johnson III 92 River Rd Summit NJ 07902	Air east line	6/6/00	5000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 5000. <sup>00</sup>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Rogard 655 Royal Oaks Ct Redding CA 96007	Self employed	6/16/00	300. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical doctor	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
Patrick K. Birmingham 809 Linden Ave Wilmette IL 60091	Self employed	6/16/00	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical doctor	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
Wayne J. Palak MD 60419 Spitznail Ln. St Charles IL 6075	Self employed	6/14/00	250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical doctor	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
Randall P. Mayckew MD 500 Walters NE Albuquerque NM 87102	Self employed	6/14/00	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical doctor	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

2000.<sup>00</sup>

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 1121

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

000117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Tonger 601 Penn. Ave NW # 1404 Washington DC 20004	Attorney	4/15/00	200. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Jeffrey Kimball 3504 Whitehaven Pkwy NW Washington DC 20007	Jeffrey J. Kimball & Associates CEO	4/7/00	2500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Sandra Swirski 12602 Tolmitch Rd Fairfax VA	Info requested	4/13/00	1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Len Swinchant 2504 Commonwealth Ave Alexandria VA 22301	Griffie Johnson Lobbyist	4/20/00	1000. <sup>00</sup>
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)	Amount of Each Receipt this Period
Dorine Stack 5309 Fossil Dr. Bethesda MD 20816	Clark Weinstein Lobbyist	4/20/00	500. <sup>00</sup>
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)	Amount of Each Receipt this Period
Thomas J. Petrizzo 2061 Kings Mount Dr Alexandria VA 22315	Petrizzo Group executive	4/20/00	500. <sup>00</sup>
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)	Amount of Each Receipt this Period
Howard Cohen 10405 Sandtriglan Ct. Potomac MD 20854	Greenberg Trautman attorney	4/20/00	1000. <sup>00</sup>
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)

6700.<sup>00</sup>

TOTAL This Period (last page this line number only)

10200.<sup>00</sup>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

116

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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
American Healthcare Assn 1201 K St NW Washington DC 20005	Multi-candidate Committee	4/19/00	1500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Health Plan PAC 1129 - 20th St NW #600 Washington DC 20036		4/21/00	1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
American Assn. Nurse Anesthetists 412 1st St. SE #12 Washington D.C. 20003		4/18/00	5000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Rouse Company Employee PAC 10275 Little Patuxent Pkwy. Columbia MD 21044	Multi candidate Committee	4/3/00	2000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Schering Plough Better Government Fund		4/18/00	1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Prostate Cancer Research PAC 212 N Sangamon St #1A Chicago IL 60607		4/20/00	500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
AGSHF Civic Action Committee 1333 New Hampshire Ave #400 Washington D.C. 20036	Multi candidate Committee	4/19/00	1000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

12000.<sup>00</sup>

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full) **Congressional Majority Committee** **CO0117721**

A. Full Name, Mailing Address and ZIP Code American Health care assn 1201 L St NW Washington D.C. 20005	Name of Employer Multicausalists Committee Occupation	Date (month, day, year) 5/23/00	Amount of Each Receipt this Period 2000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code			
C. Full Name, Mailing Address and ZIP Code			
D. Full Name, Mailing Address and ZIP Code			
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Receipts This Page (optional) ..... 2000.<sup>00</sup>

TOTAL This Period (last page this line number only) ..... 14000.<sup>00</sup>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4

FOR LINE NUMBER

23

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

C00117721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ernie Fletcher for Congress P.O. Box 4073 Lexington KY 40544	KY-06 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
Robert Aderholt for Congress P.O. Box 1158 Staleyville AL 35565	AL-04 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
Brian Bilbray for Congress 1011 Camino del Rio So #300 San Diego CA 92108	CA-49 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
Friends of Clay Shaw 2500 Federal Hwy #302 Fort Lauderdale FL 33305	FL-12 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
Ed Whitfield for Congress 108 Plummer Ave Hepburnville KY 42240	KY-01 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	5000. <sup>00</sup>
Anne Northrup for Congress P.O. Box 7313 Louisville KY 40257	KY-03 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
Charles Bass for Congress P.O. Box 3451 Concord NH 03302	NH-2 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
Heather Wilson for Congress P.O. Box 14070 Albuquerque NM 87197	NM-(01) donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
Robin Hayes for Congress P.O. Box 2000 Concord NC 27002	NC-8 donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>

SUBTOTAL of Disbursements This Page (optional)

45000.<sup>00</sup>

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

PAGE 2 OF 4  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee CO010721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Nielsen for Congress P.O. Box 421 Danbury CT 06813-9746	CT - 5 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. <sup>00</sup>
Friends & Farmers for Rick Rodriguez P.O. Box 1321 Hanford CA 93232	CA - 20 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	1000. <sup>00</sup>
James Creechen for Congress 5339 Prospect Rd #151 San Jose CA 95129	CA - 15 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	3000. <sup>00</sup>
Claude Hutchinson for Congress 3189 Danville Rd Alamo CA 94507	CA - 10 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	1000. <sup>00</sup>
Mark Kirk 28 Greenbay Rd Winnetka IL 60093	IL - 10 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	5000. <sup>00</sup>
Michael Hergerson for Congress P.O. Box 4205 Warner NJ 07059	NJ - 7 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	5000. <sup>00</sup>
Jon Porter Friends for Porter 1111 Maryleest Ave # 6 Benderson NV 89014	NV - 01 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	3000. <sup>00</sup>
Jedip Gruciu for Congress 2884 Route 112 Medford Long Island NY 11763	NY - 01 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. <sup>00</sup>
Patricia Tibari-Tibari 2000 2021 E Dublin Greenville Rd #2000 Columbus OH 43229	OH - 12 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. <sup>00</sup>

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

24000.<sup>00</sup>

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

PAGE 3 OF 4  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C0011721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C0034654 Don Sherwood for Congress 41 Sherwood Ln Tunkhannock PA 18657	PA-10 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	4000. <sup>00</sup>
C0030305 Rele Sessions for Congress P.O. Box 36585 Dallas TX 75285	TX-05 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
C00328948 George Nethercitt for Congress P.O. Box 1925 Spokane WA 99210	WA-5 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	4000. <sup>00</sup>
Stewart Greenleaf for Congress 1555 Terwood Rd Bentonville VA 19006	PA-13 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	3000. <sup>00</sup>
C00346460 John Koster for Congress P.O. Box 40600 Olympia WA 98504	WA-2 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
F. Full Name, Mailing Address and ZIP Code Pat Toomey for Congress 801 Hamilton Mall #502 Allentown PA 18101	PA-15 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
C00305482 Jim Rogan for Congress P.O. Box 36 Montrose CA 91021	CA-27 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. <sup>00</sup>
H. Full Name, Mailing Address and ZIP Code Steve Kylandall for Congress 2311 Hawthorne Blvd #107 Torrance CA 90507	CA-36 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	3000. <sup>00</sup>
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)

34000.<sup>00</sup>

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

PAGE 4 OF 4  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee CO0117721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Melissa <sup>Ann</sup> <del>Ann</del> People with Heart P.O. Box 435 Woodford PA 15090	PA - 01 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. <sup>00</sup>
Edward Schroek for Congress R.D. Box 61480 Virginia Beach VA 23466	VA - 02 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. <sup>00</sup>
Tom Tanenrod for Congress P.O. Box 5756 Littleton CO 80161-3756	CO - 06 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/00	1000. <sup>00</sup>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... 5000.<sup>00</sup>

TOTAL This Period (last page this line number only) ..... 108000.<sup>00</sup>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

21a

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee 00017721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Bank Natl Assn P.O. Box 6301 Wargo ND 58125	Computer - Prescribed travel expense	4/20/00	6625. <sup>73</sup>
Victory Funds 2505 Stonewate Dr N Bedford TX	Printing services	5/2/00	3000. <sup>00</sup>
Citibank	Catering expense	5/26/00	1165. <sup>46</sup>
Victory Funds 2505 Stonewate Dr. N Bedford TX	Printing services	5/31/00	6000. <sup>00</sup>
Victory Funds 2505 Stonewate Dr N Bedford TX	Phone Bill	6/8/00	168. <sup>78</sup>
ACN Belusfield CA 933	Phone Bill	5/2/00	342. <sup>00</sup>
U.S. Bank P.O. Box 6301 Wargo ND 58125	Travel expense	6/14/00	2389. <sup>70</sup>
Victory Funds 2505 Stonewate Dr. N. Bedford TX	Phone Bill	6/28/00	299. <sup>30</sup>
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	19990.96
TOTAL This Period (last page this line number only) .....	19990.96

**LOANS**

Name of Committee (in Full) **Congressional Majority Committee** **CC0117771**

<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b> Chobot for Congress 3014 Harrison Ave Cincinnati OH 45211 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Original Amount of Loan</b> \$2000.00	<b>Cumulative Payment To Date</b> 1000.00	<b>Balance Outstanding at Close of This Period</b> \$ 1000.00
--	---	--	--

Terms: Date Incurred 6-25-95 Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (apr)  Secured

List All Endorsers or Guarantors (if any) to Item A

<b>1. Full Name, Mailing Address and ZIP Code</b>	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
<b>2. Full Name, Mailing Address and ZIP Code</b>	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
<b>3. Full Name, Mailing Address and ZIP Code</b>	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

<b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>	<b>Original Amount of Loan</b>	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (apr)  Secured

List All Endorsers or Guarantors (if any) to Item B

<b>1. Full Name, Mailing Address and ZIP Code</b>	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
<b>2. Full Name, Mailing Address and ZIP Code</b>	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
<b>3. Full Name, Mailing Address and ZIP Code</b>	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) ..... **1000.00**


TOTALS This Period (last page in this line only) ..... **1000.00**

Subtotals line between only on LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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) 7.14.00
<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	
 PREPARER	7.18.00 DATE PREPARED