

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Oct 26 6 00 PM '00
HAND DELIVERED

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <i>New Republican Majority Fund</i>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>201 North Union Street Suite 530</i>	
CITY, STATE and ZIP CODE <i>Alexandria, VA 22314</i>	
2. FEC IDENTIFICATION NUMBER <i>C00300783</i>	
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

4. TYPE OF REPORT

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

- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the General (Type of Election)
 election on 11/7/00 in the State of U.S.
 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$390,112.83
(b) Cash on Hand at Beginning of Reporting Period	\$302,753.32	
(c) Total Receipts (from Line 19)	\$181,368.53	\$1,736,537.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$484,121.85	\$2,106,450.15
7. Total Disbursements (from Line 30)	\$135,591.23	\$1,778,119.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$348,530.62	\$348,530.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	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 <i>CHARLES W. BALLOW</i>	Date
Signature of Treasurer <i>Charles W. Ballou</i>	<u>10/26/00</u>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	30,550.00	279,811.00	11(a)
ii. Unitemized	99,818.53	912,362.84	11(b)
iii. Total	130,368.53	1,192,173.84	11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)	51,000.00	463,500.00	11(e)
d. Total Contributions	181,368.53	1,655,673.84	11(f)
12. Transfers From Affiliated/Other Party Committees	0	20,368.56	12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		49,091.41	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		5,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)		203.51	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	181,368.53	1,736,537.26	19
20. Total Federal Receipts	181,368.53	1,736,537.26	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	18,007.23	1,527,142.48	21(c)
c. Total Operating Expenditures	18,007.23	1,527,142.48	21(d)
22. Transfers to Affiliated/Other Party Committees		8,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	111,584.00	235,477.05	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		500.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds		500.00	28(d)
29. Other Disbursements		1,000.00	29
30. Total Disbursements	129,591.23	1,772,119.53	30
31. Total Federal Disbursements	129,591.23	1,772,119.53	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	181,368.53	1,655,173.80	32
33. Total Contribution Refunds (from line 28d)	0	500.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	181,368.53	1,655,173.80	34
35. Total Federal Operating Expenditures	111,584.00	1,527,142.48	35
36. Offsets to Operating Expenditures (from line 15)	0	49,091.41	36
37. Net Operating Expenditures	111,584.00	1,478,051.07	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 12
FOR LINE NUMBER 11 & 1

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)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code WILLARD EDSON 1006 ETON ROAD TOLEDO, OH 43615-4528</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/02/00</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>B. Full Name, Mailing Address and ZIP Code FLORENCE PAZDA PO BOX 1044 PERTH AMBOY, NJ 08862-1044</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/02/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code LAN WANG 821 BLANDFORD STREET APT. 6211 ROCKVILLE, MD 20850-2988</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MARYLAND SHERIFF'S INSTITUTE Occupation LAW ENFORCEMENT</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10/02/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code L. WHITMEYER JR. ROUTE 1, BOX 110 COLMESNEIL, TX 75938-8704</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation HOUSEWIFE</p> <p>Aggregate Year-to-Date > \$ 875.00</p>	<p>Date (month, day, year) 10/02/00</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>E. Full Name, Mailing Address and ZIP Code J. BRANSON 7373 E. 29TH STREET N. LAKESFIELD PL. W-105 WICHITA, KS 67228-3411</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/03/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code VERNON BROOKS 1268 KENDRA LANE HOWELL, MI 48843-8198</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/03/00</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>G. Full Name, Mailing Address and ZIP Code GEORGIA CATRINI 6301 FORT AVE APT 2 LYNCHBURG, VA 24502-1542</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/03/00</p>	<p>Amount of Each Receipt this Period 25.00</p>

SUBTOTAL of Receipts This Page (optional)

625.00

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 18

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code MURRAY CUNNINGHAM 48 TOKALON PLACE METAIRIE, LA 70001-3020	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/03/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		100.00
B. Full Name, Mailing Address and ZIP Code HARDIN GLASCOCK JR. 660 S.W. 36TH STREET CORVALLIS, OR 97333-2918	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/03/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		300.00
C. Full Name, Mailing Address and ZIP Code JUANITA MEYERS 585 SW SIERRA ST. CANAS, WA 98607-2535	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/03/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 255.00		25.00
D. Full Name, Mailing Address and ZIP Code LORENZO TAYLOR 525-55 W. EL NORTE PARKWAY BROOKHOLM, GA 30228-3807	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/03/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		100.00
E. Full Name, Mailing Address and ZIP Code MARSHALL WALKER 623 NEELY'S CREEK RD ROCK HILL, SC 29730-9664	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/03/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 325.00		100.00
F. Full Name, Mailing Address and ZIP Code JAMES ZINK 14165 VICTOR PLACE SARATOGA, CA 95070-6426	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/03/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		450.00
G. Full Name, Mailing Address and ZIP Code DOROTHY ALBERTY 12222 BLANCO ROAD APT. 1807 SAN ANTONIO, TX 78216-2116	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <i>House wife</i>	10/04/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		200.00

SUBTOTAL of Receipts This Page (initial) 1,370.00

TOTAL This Period (last page like line number) only

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 18
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SALLIE BAKER 200 WYNDENERE CIRCLE, BW-139 WHEATON, IL 60187-2459	NOT EMPLOYED	10/04/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILDRED BEATTY 73342 TAMARISK ST. PALM DESERT, CA 92260-5722	RETIRED	10/04/00	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLEN GARNER P. O. BOX 37 PARSONSFIELD, NE 68447-0037	RETIRED	10/04/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 460.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES GATEWOOD BOX 608 TYLER, TX 75710-8619	RETIRED	10/04/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LIDA MC CLELLAN P.O. BOX 48, 1551 S. 8TH ST. CLARKSTON, WA 98403-0048	RETIRED	10/04/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 225.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIRDZA PETERSON 3107 N. F. IVY ANF JENSEN BEACH, FL 34957-8674	RETIRED	10/04/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
MATTIEGRACE CHARPE 849 COAST BLVD #458 RV CASA DE MANANA LA JOLLA, CA 92037-4223	Information Requested	10/04/00	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Information Requested	\$ 1,250.00	

SUBTOTAL of Receipts This Page (optional) 1,280.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code EDWARD S. JOQUIST 15024 N. MCKINNON COURT MEAD, WA 99021-9484	Name of Employer REEL CABLE Occupation CONSTRUCTION	Date (month, day, year) 10/04/00	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 > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code C. CAMERON 2855 RICHARDSON DRIVE CHARLOTTE, NC 28211-3355	Name of Employer <i>Information Requested</i> Occupation <i>Information Requested</i>	Date (month, day, year) 10/05/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code VERNA DRIVENESS 1000 N LAKE AVE. # 214 BLOUX FALLS, SD 57104-1221	Name of Employer Occupation RETIRED	Date (month, day, year) 10/05/00	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 > \$ 2,240.00		
D. Full Name, Mailing Address and ZIP Code LENA PRUETTE 413 MARIPOSA STREET CARLSBAD, NM 88220-5557	Name of Employer Occupation RETIRED	Date (month, day, year) 10/05/00	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
E. Full Name, Mailing Address and ZIP Code GEORGE RUHLEN 8700 POST OAK LANE, # 350 SAN ANTONIO, TX 78217	Name of Employer DEPT. OF ARMY Occupation OFFICER U.S. AR	Date (month, day, year) 10/05/00	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
F. Full Name, Mailing Address and ZIP Code ROSS STAPLES 111 NORTON AVENUE #3 SOUTH EASTON, MA 02375-1225	Name of Employer Occupation RETIRED	Date (month, day, year) 10/06/00	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 650.00		
G. Full Name, Mailing Address and ZIP Code ANNE THOMPSON 120 PRAIRIE LANE VINITA, OK 74304-4822	Name of Employer Occupation RETIRED	Date (month, day, year) 10/05/00	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional) 1,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 18
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code LIDA MC GLELLAN P.O. BOX 48, 1551 S. 8TH ST. CLARKSTON, WA 99403-0048	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/05/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	1	276.00
B. Full Name, Mailing Address and ZIP Code LOIS BROWN 285 SOUTHWIND RD MC DONALD, PA 16887-2802	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/06/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	4	350.00
C. Full Name, Mailing Address and ZIP Code BALLY BROWN 58 10TH STREET MILES, OH 44446-4385	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/06/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	3	340.00
D. Full Name, Mailing Address and ZIP Code VERNON ERIKSSON 7148 ESTERO BLVD., #321 FORT MYERS BEACH, FL 33931-4721	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/06/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	6	1,000.00
E. Full Name, Mailing Address and ZIP Code CARL FARLOW 171 LINDALE DRIVE FAIRFIELD, OH 45014-1517	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/08/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	4	250.00
F. Full Name, Mailing Address and ZIP Code NORMAN SANDELL 307 COLDEWAY DRIVE, #F7 PUNTA GORDA, FL 33950-5263	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/08/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	9	2,150.00
G. Full Name, Mailing Address and ZIP Code MARIE WHITEHEAD 4702 18TH AVENUE COLUMBUS, GA 31904-6030	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation HOMEMAKER	10/06/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	1	100.00

SUBTOTAL of Receipts This Page (optional) 1,275.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUANITA MEYERS 689 SW SIERRA ST. CANAS, WA 98607-2636	RETIRED	10/08/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 290.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOROTHY BAMBAUER 19166 KFTTLERSVILLE ROAD NEW KNOXVILLE, OH 45871-8510	RETIRED	10/10/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 460.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOROTHY CHOURNOS 1865 E. MAIN ST. TREMONTON, UT 84337-8733	RETIRED	10/10/00	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 370.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLINT COX P.O. BOX 702280 TULSA, OK 74170-2280	WAREHOUSE MARKET, INC. RETAIL GROCERY	10/10/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. GARSIDE 86-438 NANILGA LOOP LAIE, HI 96762-1126	RETIRED	10/10/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADA STRASENBURGH P.O. BOX 170 OCEAN VIEW, NJ 08230-0175	HOUSEWIFE	10/10/00	100.00
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
WILLIAM TROTTER SR 2830 RICHARDSON DR APT 8B CHARLOTTE, NC 28211-3346	RETIRED	10/10/00	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional) 645.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code GERTRUDE WAGGONER 2112 54TH ST LUBBOCK, TX 79412-2611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 219.00</p>	<p>Date (month, day, year) 10/10/00</p>	<p>Amount of Each Receipt This Period 30.00</p>
<p>B. Full Name, Mailing Address and ZIP Code SIDNEY SHARP NAVY RET. 6876 SALMON BEACH ROAD ANACORTES, WA 98221-8620</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 215.00</p>	<p>Date (month, day, year) 10/10/00</p>	<p>Amount of Each Receipt This Period 60.00</p>
<p>C. Full Name, Mailing Address and ZIP Code LIDA MC CLELLAN P.O. BOX 48, 1851 S. 83TH ST. CLARKSTON, WA 99403-0048</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date (month, day, year) 10/10/00</p>	<p>Amount of Each Receipt This Period 50.00</p>
<p>D. Full Name, Mailing Address and ZIP Code EMERSON BULLARD 23287 BLUE WATER CIRCLE, #A110 BOCA RATON, FL 33433-7018</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 270.00</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt This Period 90.00</p>
<p>E. Full Name, Mailing Address and ZIP Code BARBARA CHASE 16 HASTINGS AVE. CROTON ON HUDSON, NY 10620-3011</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt This Period 100.00</p>
<p>F. Full Name, Mailing Address and ZIP Code JAMES CRANFILL 4420 MOUNTAIN DR AMARILLO, TX 79108-6332</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 278.00</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt This Period 50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code L. GATES P.O. BOX 4082 INCLINE VILLAGE, NV 89450-4082</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/11/00</p>	<p>Amount of Each Receipt This Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) \$220.00

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

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEANETTE HARPER 1112 DOGWOOD DRIVE KINGSTON, TN 37763-2308		10/11/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > 3	\$ 315.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURNEY HARTRIDGE 125 HERITAGE DRIVE, A-4 ST SIMONS IS, GA 31622-2023		10/11/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > 6	\$ 800.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIOT JENKINS 13619 RIVER ROAD, # 307-T PORTLAND, OR 97222-8030		10/11/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > 5	\$ 600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARIE KEENER 1002 CLARENDON AVE. NW CANTON, OH 44708-4248	Information Requested	10/11/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > 4	\$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN MCGEE JR. 4020 SOUTH G STREET FORT SMITH, AR 72903-3438		10/11/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > 3	\$ 270.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SARAH ROLLINS 85 RUGGLES LN MILTON, MA 2187		10/11/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > 5	\$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN TODD 1195 S. E. HAWTHORNE DRIVE ROSEBURG, OR 97470-4305	Information Requested	10/11/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > 6	\$ 600.00	

SUBTOTAL of Receipts This Page (optional) 1,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 #1

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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EVELYN WORST 823 W. LINDEN STREET ALLENTOWN, PA 18101-1205	Occupation RETIRED	10/11/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
B. Full Name, Mailing Address and ZIP Code ANN ZONNEVELD 1695 E. GERINI AVENUE LATON, CA 93243-8888	Name of Employer Information Requested	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code VERNON BROOKS 1268 KENDRA LANE HOWELL, MI 48843-6199	Name of Employer RETIRED	Date (month, day, year) 10/11/00	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 325.00		
D. Full Name, Mailing Address and ZIP Code Peter E. Lacey c/o NYSE 801 Pennsylvania Avenue, NW Suite 600 Washington, DC 20004	Name of Employer Information Requested	Date (month, day, year) 10/12/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Myles D. Gillespie 26 Broadway Eighteenth Floor New York, NY 10004	Name of Employer Information Requested	Date (month, day, year) 10/12/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code John J. Conklin III 5 Brookside Drive Rumson, NJ 07790-1006	Name of Employer Information Requested	Date (month, day, year) 10/12/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Brian J. McNeary 1036 Route 9D Garrison, NY 10524	Name of Employer Information Requested	Date (month, day, year) 10/12/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) _____

4,525.00

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

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) New Republican Majority Fund			
A. Full Name, Mailing Address and ZIP Code Robert W. Lucey 1460 Gaston Street Wantagh, NY 11793	Name of Employer Information Requested	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 1,000.00
	Occupation Information Requested	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 D. Greg Kitchens P.O. Box 123 Utica, MS 39176	Name of Employer Information Requested	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 1,000.00
	Occupation Information 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 B. Greg Kitchens P.O. Box 123 Utica, MS 39176	Name of Employer Information Requested	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 4,000.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ 6,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code ETHEL BULTMAN 706 BELMONT DRIVE JEFFERSON CITY, MO 65109-0719	Name of Employer	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 100.00
	Occupation RETIRED	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code COLLETTE FINALE 3746 VANTAGE AVENUE STUDIO CITY, CA 91604-3634	Name of Employer	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 50.00
	Occupation RETIRED	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code ANNE HARPER 85 SCOTTSDALE DRIVE TROY, MI 48064-1716	Name of Employer SELF	Date (month, day, year) 10/13/00	Amount of Each Receipt This Period 75.00
	Occupation MUSIC TEACHER	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code H.J. JONES 409 S MAIN ST. LEXINGTON, VA 24150-2905	Name of Employer	Date (month, day, year) 10/13/00	Amount of Each Receipt This Period 100.00
	Occupation RETIRED	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTAL of Receipts This Page (optional)			6,325.00
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

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code IDA LOSCHIAVO 1014 CENTRAL AVENUE ALBANY, NY 12205-3504</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/13/00</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>B. Full Name, Mailing Address and ZIP Code LORA TEAGUE 151 WEST TOWER 8110 SAN FELIPE STREET HOUSTON, TX 77058-3810</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 10/13/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code MIRZA PETERSON 3102 N. E. IVY LANE JENSEN BEACH, FL 34957-6674</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 10/13/00</p>	<p>Amount of Each Receipt this Period 350.00</p>
<p>D. Full Name, Mailing Address and ZIP Code NORMAN SANDELL 307 COLDEWAY DRIVE, #F7 PUNTA GORDA, FL 33950-5283</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 2,450.00</p>	<p>Date (month, day, year) 10/13/00</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code C. ALVEY 3719 4TH AVENUE EDGEWATER, MD 21037-4005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 450.00</p>
<p>F. Full Name, Mailing Address and ZIP Code FRANCES MENGEL 1818 BONNIE LANE CHARLOTTE, NC 28213-3520</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code WARREN BUSHEY P.O. BOX 8887 CHARLOTTEVILLE, VA 22906-6097</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BRADY</p> <p>Occupation AUTOMOTIVE</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 10/17/00</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) 2,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW DERMOND 357 NORTHCROFT ROAD SPRINGFIELD, PA 19084-1347		10/17/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > \$	300.00	
H. GATTIS JR. 1615 AGATE CT. LOVELAND, CO 80538-3706	ELITE AUTO GLASS	10/17/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CO-OWNER		
	Aggregate Year-to-Date > \$	300.00	
FRANK GENOVESE RR 7 KITANNING, PA 16201-8807	SELF	10/17/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SMALL BUSINESS		
	Aggregate Year-to-Date > \$	500.00	
CARMEN GRANGE 16 CHARLES STREET, #16-E NEW YORK, NY 10014-3012	SELF	10/17/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN		
	Aggregate Year-to-Date > \$	300.00	
JOHN GRETZINGER 1530 S OCEAN BLVD. POMPANO BEACH, FL 33062-7441		10/17/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > \$	250.00	
DOMENIC GUERRERA 40 DEXTER STREET NEWPORT, RI 02840-4206	Information Requested	10/17/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	5,000.00	
E. LEROUX 3527 WILLACE DR. SAN ANTONIO, TX 78217-5507	Information Requested	10/17/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested		
	Aggregate Year-to-Date > \$	400.00	

BUBTOTAL of Receipts This Page (optional)	1,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES MILLER JR PO BOX 480688 LINDEN, AL 36748-0688	SELF	10/17/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FORESTRY	Aggregate Year-to-Date > \$ 1,050.00	
B. Full Name, Mailing Address and ZIP Code SALLY MURPHY 165 CRESS RD. MOUNT ULLA, NC 28129-8644	Name of Employer <i>Information Requested</i>	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Information Requested</i>	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code LESTER SMYDER JR. 808 LOVETTA DRIVE DAYTON, OH 45429-3138	Name of Employer	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 410.00	
D. Full Name, Mailing Address and ZIP Code CORRY WALLACE 303 W. 5TH STREET RUSK, TX 75785-1221	Name of Employer	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 460.00	
E. Full Name, Mailing Address and ZIP Code DOROTHY CHOURNOS 1866 E. MAIN ST. TREMONTON, UT 84337-8733	Name of Employer	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 410.00	
F. Full Name, Mailing Address and ZIP Code EDWIN DEAL 51 EATON CT COTUIT, MA 02635-2906	Name of Employer	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 320.00	
G. Full Name, Mailing Address and ZIP Code ALLEN GARNER P. O. BOX 37 PARSONSFIELD, ME 04447-0037	Name of Employer	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 980.00

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

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NAME OF COMMITTEE (In Full)
New Republics Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code JAMES GATEWOOD BOX 608 TYLER, TX 75710-8819</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SELF</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year) 10/17/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code HARDIN GLASCOCK JR. 560 S.W. 36TH STREET CORVALLIS, OR 97333-2918</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 800.00</p>	<p>Date (month, day, year) 10/17/00</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>C. Full Name, Mailing Address and ZIP Code ARTHUR SHAYER 24 CROWN PLACE RICHARDSON, TX 75080-1603</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/17/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code DE VERVILLE 945 E 26TH ST BROOKLYN, NY 11210-3748</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 235.00</p>	<p>Date (month, day, year) 10/17/00</p>	<p>Amount of Each Receipt this Period 35.00</p>
<p>E. Full Name, Mailing Address and ZIP Code EDWARD AMORELLO 2 BRUCE STREET GRAFTON, MA 01519-1131</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>F. Full Name, Mailing Address and ZIP Code HAZEL ARMSTRONG 300 FORREST AVE., TRAIL 105 SPRINGFIELD, IL 62702-5847</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code CATHERINE BAKER 2080 PACIFIC AVENUE APARTMENT 308 SAN FRANCISCO, CA 94109-3286</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) 1,485.00

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

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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)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code PAUL BANDY BOX 11681, HIGHWAY 41 RINGGOLD, GA 30736</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Information Requested</i></p> <p>Occupation <i>Information Requested</i></p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code MILDRED CANNON 416 RUSSELL AVENUE APT. 201 GAITHERSBURG, MD 20877-2040</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 305.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code HAMILTON CATLIN 2335 E. SENECA STREET TUCSON, AZ 85719-3638</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Information Requested</i></p> <p>Occupation <i>Information Requested</i></p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 115.00</p>
<p>D. Full Name, Mailing Address and ZIP Code F. COX 2535 SPRING LANE AUSTIN, TX 78703-1743</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 345.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 238.00</p>
<p>E. Full Name, Mailing Address and ZIP Code RUTH CROCKETT 1203 1ST AVE E BIG STONE GAP, VA 24219-3161</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 600.00</p>
<p>F. Full Name, Mailing Address and ZIP Code PAUL DORN 1 JOHN ANDERSON DRIVE #415 ORMOND BEACH, FL 32176-5728</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code MARY FRIEND 103686 MAY WIND COURT COLUMBIA, MD 21044</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <i>Information Requested</i></p> <p>Occupation <i>Information Requested</i></p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/18/00</p>	<p>Amount of Each Receipt this Period 200.00</p>

SUBTOTAL of Receipts This Page (optional) 1,445.00

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)

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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. HARRISON 5155 9TH AVE. N., APT. 301-B SAINT PETERSBURG, FL 33710-6636	Occupation RETIRED	10/18/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
B. Full Name, Mailing Address and ZIP Code HOWLER MANN 273 ENGLE ST TENAFLY, NJ 07670-2138	Name of Employer Information Requested	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 255.00	
C. Full Name, Mailing Address and ZIP Code EMMETT MILLS 31175 LAHSER RD. BAERLY HILLS, NC 48025-3630	Name of Employer	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code FATHOLLAH MOSTOFI 7001 GEORGIA STREET CHEVY CHASE, MD 20815-4135	Name of Employer Information Requested	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 460.00	
E. Full Name, Mailing Address and ZIP Code NAOMA NORTON 17300 N 85TH AVE. APT. 234 PEORIA, AZ 85382-4740	Name of Employer	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 700.00	
F. Full Name, Mailing Address and ZIP Code RAYMOND OSBORN 8852 KEDVALE AVENUE BROOKIE, IL 60076-2118	Name of Employer	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 276.00	
G. Full Name, Mailing Address and ZIP Code SARA PETERS 3201 PLUMAS STREET, #178 RENO, NV 89608-4767	Name of Employer	Date (month, day, year) 10/18/00	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) 1,100.00

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

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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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DUNHAM SEATON 2406 DEAR VALLEY DRIVE RENO, NV 89511-9195	Occupation RETIRED	10/18/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
B. Full Name, Mailing Address and ZIP Code R. VOSS 605 A 13TH STREET KENTWOOD, LA 70444-2205	Occupation RETIRED	10/18/00	100.00
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 SALLIE BAKER 200 WYNDEMERE CIRCLE, #W-139 WHEATON, IL 60187-2469	Occupation NOT EMPLOYED	10/18/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
D. Full Name, Mailing Address and ZIP Code GEORGIA CATRINI 8301 FORT AVE APT 8 LYNCHBURG, VA 24502-1642	Occupation RETIRED	10/18/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
E. Full Name, Mailing Address and ZIP Code VERNA DRIVENESS 1000 N LAKE AVE # 214 SIOUX FALLS, SD 57104-1321	Occupation RETIRED	10/18/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,440.00		
F. Full Name, Mailing Address and ZIP Code WALTER JOHNSON 811 45TH STREET W BRADENTON, FL 34209-3939	Occupation RETIRED	10/18/00	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 205.00		
G. Full Name, Mailing Address and ZIP Code LENA PRUETTE 413 MARIPOSA STREET CARLSBAD, NM 88220-5887	Occupation RETIRED	10/18/00	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 570.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code JOSEPH REESE 600 S. AMMONS BRANCH ROAD MARSHALL, NC 28763-3406 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/18/00	
Aggregate Year-to-Date > \$ 230.00			100.00
B. Full Name, Mailing Address and ZIP Code MARIE WHITEHEAD 4702 18TH AVENUE COLUMBUS, GA 31904-6030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation HOMEMAKER	10/18/00	
Aggregate Year-to-Date > \$ 450.00			150.00
C. Full Name, Mailing Address and ZIP Code JAMES ZINK 14165 VICTOR PLACE SARATOGA, CA 95070-5425 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/18/00	
Aggregate Year-to-Date > \$ 1,200.00			450.00
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	30,550.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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Full Line Number 11c

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NAME OF COMMITTEE (In Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code News America - Fox PAC 444 North Capitol Street, N.W. Suite 750 Washington, DC 20001	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code The Servicemaster Company PAC 1 Servicemaster Way Downers Grove, IL 60515	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 500.00
C. Full Name, Mailing Address and ZIP Code ASCAP Leg. Fund for the Arts One Lincoln Plaza New York, NY 10023	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 4,000.00
D. Full Name, Mailing Address and ZIP Code MCI Workcom, Inc. PAC 518 East Annis Street Jackson, MS 39201	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 2,000.00
E. Full Name, Mailing Address and ZIP Code AFSA Political Action Committee 919 Eighteenth Street, NW Washington, DC 20006	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 2,500.00
F. Full Name, Mailing Address and ZIP Code Wellpoint Health Networks PAC 1 Wellpoint Way Thousand Oaks, CA 91382	Name of Employer Occupation Aggregate Year-to-Date > \$ 12,000.00	Date (month, day, year) 10/12/00	Amount of Each Receipt This Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	12,000.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MidAmerican Energy Company Executive PAC 666 Grand Avenue Des Moines, IA 50303		10/12/00	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	
B. Full Name, Mailing Address and ZIP Code Wal-Mart Stores Inc. PAC for Responsible Govt. 702 SW Eighth Street Bentonville, AR 72716	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/12/00	5,000.00
	Aggregate Year-to-Date > \$	6,000.00	
C. Full Name, Mailing Address and ZIP Code Dealers Election Action Committee of the NADA 8400 Westpark Drive McLean, VA 22101	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/12/00	6,000.00
	Aggregate Year-to-Date > \$	6,000.00	
D. Full Name, Mailing Address and ZIP Code Federation of American Health Systems PAC 601 Pennsylvania Avenue, NW Suite 245 Washington, DC 20004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/12/00	4,000.00
	Aggregate Year-to-Date > \$	6,000.00	
E. Full Name, Mailing Address and ZIP Code Kerr-McGee Corporation PAC P.O. Box 25861 Oklahoma City, OK 73125	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/12/00	1,000.00
	Aggregate Year-to-Date > \$	1,000.00	
F. Full Name, Mailing Address and ZIP Code Duke Energy Corporation PAC 422 South Church Street Charlotte, NC 28202	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/12/00	5,000.00
	Aggregate Year-to-Date > \$	6,000.00	
G. Full Name, Mailing Address and ZIP Code Bristol-Myers Squibb Co. Employees PAC 345 Park Avenue Suite 48-17 New York, NY 10154	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/12/00	2,000.00
	Aggregate Year-to-Date > \$	2,000.00	

SUBTOTAL of Receipts This Page (optional) 23,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 110

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Real Estate Roundtable PAC 1420 New York Avenue, NW Suite 1400 Washington, DC 20005		10/12/00	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	
B. Full Name, Mailing Address and ZIP Code ConAgra Good Government Association One Conagra Drive Omaha, NE 68102	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/12/00	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	
C. Full Name, Mailing Address and ZIP Code Florida Power & Light Co. PAC 700 Universe Boulevard P.O. Box 14000 Juno Beach, FL 33408	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/12/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code Philip Morris PAC 120 Park Avenue New York, NY 10017	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/12/00	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	
E. Full Name, Mailing Address and ZIP Code Powell, Goldstein, Frazer & Murphy PAC 181 Peachtree Tower Sixteenth Floor Atlanta, GA 30303	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/12/00	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	
F. Full Name, Mailing Address and ZIP Code News America - Fox PAC 444 North Capitol Street, N.W. Suite 722 Washington, DC 20001	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/18/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code Torchmark Corporation PAC 2001 Third Avenue South Birmingham, AL 35233	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/18/00	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	

QUOTOTAL of Receipts This Page (optional) 14,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11 c

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NAME OF COMMITTEE (in Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Phoenix Home Life PAC One American Row Hartford, CT 06115	Name of Employer Occupation	Date (month, day, year) 10/18/00	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 General Motors Civic Involvement PAC 500 Renaissance Center P.O. Box 300 Detroit, MI 48265	Name of Employer Occupation	Date (month, day, year) 10/18/00	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	Name of Employer Occupation	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 > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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 > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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 > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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 > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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) 2,000.00

TOTAL This Period (last page this line number only) 51,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21B

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)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dirk Smith 1825 T Street, NW #202 Washington, DC 20009	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	35.52
Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101-1140	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	25.14
Capitol Office Solutions P.O. Box 630221 Baltimore, MD 21263	Equipment Rental - Copier Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	53.17
U.S. Life Insurance Company 3500 Route 88 UA Unit MSN 3D Nuptune, NJ 07754	Insurance Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	86.26
New England Press 1200 Wake Forest Drive Alexandria, VA 22307	Printing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/00	704.00
Psychek P.O. Box 2950 Merrifield, VA 22116-2950	Payroll Service Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	71.80
Warfield & Walsh, Inc. 701 Prince Street Alexandria, VA 22314	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	7,150.71
Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101-1140	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	38.48
Dynarex 1763 Columbia Road, N.W. Washington, DC 20009	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	66.50

SUBTOTAL of Disbursements This Page (optional)

8,230.48

TOTAL This Period (foot page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leadership Directories 1301 Pennsylvania Ave., N.W. Suite 900 Washington, DC 20004	Subscription Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	470.00
R.G. Rentals 18 Wolfe Street Alexandria, VA 22314	Furniture Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	7,692.00
Dirk Smith 1825 T Street, NW #202 Washington, DC 20009	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	1,022.25
Paychex P.O. Box 2950 Manassas, VA 22116-2950	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	662.00
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)

0,776.75

TOTAL This Period (last page this line number only)

18,007.23

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)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement In-kind cont. for Bill McCollum for Senate (FL) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year)	Amount of Each Disbursement This Period 2,584.00 (In-Kind)
The Prudential 761 Broadstreet Newark, NJ 07102	In-kind cont. for Bill McCollum for Senate (FL) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,584.00 (Memo In-Kind)
B. Full Name, Mailing Address and ZIP Code Bill McCollum for Senate 605 East Robinson Street Suite 305 Orlando, FL 32801	Purpose of Disbursement In-kind cont. for Bill McCollum for Senate (FL) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/05/00	2,584.00 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code Rogan for Congress Committee P.O. Box 36 Montrose, CA 91021	Purpose of Disbursement 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	10/06/00	5,000.00
D. Full Name, Mailing Address and ZIP Code Fletcher For Congress P.O. Box 4703 Lexington, KY 40544	Purpose of Disbursement Ernie Fletcher, U.S. HOUSE 8th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/08/00	5,000.00
E. Full Name, Mailing Address and ZIP Code Hayes For Congress P.O. Box 2000 Concord, NC 28028	Purpose of Disbursement Robin Hayes, U.S. HOUSE 8th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw P.O. Box 2188 Fort Lauderdale, FL 33303	Purpose of Disbursement Clay Shaw, U.S. HOUSE 22nd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
G. Full Name, Mailing Address and ZIP Code Whitfield for Congress P.O. Box 381 Hopkinsville, KY 40240	Purpose of Disbursement Ed Whitfield, U.S. HOUSE 1st KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
H. Full Name, Mailing Address and ZIP Code Northrup for Congress P.O. Box 7313 Louisville, KY 40257	Purpose of Disbursement Anne Northrup, U.S. HOUSE 3rd KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
I. Full Name, Mailing Address and ZIP Code Robert Aderholt For Congress P.O. Box 1168 Haleyville, AL 35585	Purpose of Disbursement Robert Aderholt, U.S. HOUSE 4th AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,866.88

SUBTOTAL of Disbursements This Page (optional)

37,884.00

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete Sessions for Congress P.O. Box 140790 Dallas, TX 75214	Pete Sessions, U.S. HOUSE 5th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00
Friends of Netherault P.O. Box 1925 Spokane, WA 99210	George Netherault, U.S. HOUSE 5th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
Re-Elect Brian Bilbray for Congress 970 Seacoast Drive Imperial Beach, CA 91831	Brian Bilbray, U.S. HOUSE 49th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
Tom Tancredo For Congress P.O. Box 3758 Littleton, CO 80161	Tom Tancredo, U.S. HOUSE 1st CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
Jones for Congress P.O. Box 99667 Raleigh, NC 27624	Walter Jones, U.S. HOUSE 3rd NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/08/00	5,000.00
Pat Toomey for Congress Committee 801 Hamilton Mall Suite 502 Allentown, PA 18101	Pat Toomey, U.S. HOUSE 15th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
People With Hart 215 Executive Drive Suite 101 Cranberry Township, PA 16066	Melissa Hart, U.S. HOUSE 4th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
Rogers for Congress 1321 East Michigan Lansing, MI 48912	Mike Rogers, U.S. HOUSE 8th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
Adam Putnam for Congress 135 East Main Street Bartow, FL 33830	Adam Putnam, U.S. HOUSE 12th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)

39,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Koster for Congress 1420 Hewitt Avenue Everett, WA 98201	John Koster, U.S. HOUSE 2nd WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/05/00	2,000.00
Sara Graves for Congress 110 South Tenth Street Tarkio, MO 64481	Sara Graves, U.S. HOUSE 6th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00
Mike Pence for Congress 10 West Eighth Street Anderson, IN 46016	Mike Pence, U.S. HOUSE 2nd IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00
Mike Ferguson for Congress 104 Town Centre Drive Warren, NJ 07059	Mike Ferguson, U.S. HOUSE 7th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/08/00	4,000.00
Joan Johnson for Congress 2000 P.O. Box 5180 Bayside, NY 11706	Joan Johnson, U.S. HOUSE 2nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	6,000.00
Derek Smith for Congress P.O. Box 1535 Salt Lake City, UT 84147	Derek Smith, U.S. HOUSE 2nd UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00
Todd Akin for Congress P.O. Box 31222 St. Louis, MO 63131	Todd Akin, U.S. HOUSE 2nd MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00
Mark Baker for Congress P.O. Box 1014 Moline, IL 61208	Mark Baker, U.S. HOUSE 17th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00
Felix Grucal for Congress 2884 Route 112 Long Island, NY 11783	Felix Grucal, U.S. HOUSE 1st NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)	23,000.00
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

PAGE 4 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kline for Congress 7500 Hudson Boulevard Suite 1308 Oakdale, MN 55128	John Kline, U.S. HOUSE 6th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/08/00	2,000.00
B. Full Name, Mailing Address and ZIP Code Friends and Farmers for Rich Rodriguez 6182 North Hazel Road Fresno, CA 93711	Rich Rodriguez, U.S. HOUSE 20th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/05/00	2,000.00
C. Full Name, Mailing Address and ZIP Code Phil Kline for Congress	Phil Kline, U.S. HOUSE 3rd KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Nebraska Victory 2000 NE	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	5,000.00
E. Full Name, Mailing Address and ZIP Code Keller for Congress	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	2,000.00
F. Full Name, Mailing Address and ZIP Code Young Elephants PAC DC	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/12/00	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)

18,000.00

TOTAL This Period (last page this line number only)

117,584.00

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>10/26/00</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	

[Signature]
PREPARED

10/26/00
DATE PREPARED