

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 4 1 32 PM '99

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
Congressional Majority Committee

ADDRESS (number and street)  Check if different than previously reported  
555 13th St # 500 West

CITY, STATE and ZIP CODE  
Washington DC 20004-1109

2. FEC IDENTIFICATION NUMBER  
C00117721

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

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

### Monthly Report Due On:

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

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1-1-99</u> through <u>6-30-99</u>		
6. (a) Cash on Hand January 1, 19____		\$ 48962.29
(b) Cash on Hand at Beginning of Reporting Period	\$ 48962.29	
(c) Total Receipts (from Line 19)	\$ 48448.00	\$ 48448.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 97410.29	\$ 97410.29
7. Total Disbursements (from Line 30)	\$ 15561.26	\$ 15561.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 81849.03	\$ 81849.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

For further information contact:  
Federal Election Commission  
800 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
Local 202-694-1100

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  
LaDonna S. Dodge

Signature of Treasurer  
LaDonna S. Dodge

Date  
7-23-99

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

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FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Congressional Majority Committee		FROM 01-01-99	TO 6-30-99	
		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.	Itemized (use Schedule A)	21573.00	21573.00	1106
ii.	Unitemized	375.00	375.00	1108
iii.	Total (add i and ii) >	21948.00	21948.00	1109
b.	Political Party Committees	24500.00	24500.00	1110
c.	Other Political Committees (such as PACs)	46448.00	46448.00	1111
d.	Total Contributions (add a ii, b and c) >			2
12.	Transfers From Affiliated/Other Party Committees	0	0	3
13.	All Loans Received			4
14.	Loan Repayments Received			5
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	2000.00	2000.00	6
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			7
17.	Other Federal Receipts (Dividends, Interest, etc.)			8
18.	Transfers from Nonfederal Account for Joint Activity	48448.00	48448.00	9
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	48448.00	48448.00	10
20.	Total Federal Receipts (subtract line 16 from line 19) >			11
<b>II Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	11561.26	11561.26	2105
ii.	Non-Federal Share			2106
b.	Other Federal Operating Expenditures	11561.26	11561.26	2107
c.	Total Operating Expenditures (add a i, a ii, and b) >			22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees			24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made	4000.00	4000.00	27
27.	Loans Made			28
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			2801
b.	Political Party Committees			2802
c.	Other Political Committees (such as PACs)			2803
d.	Total Contribution Refunds (add a, b and c) >			28
29.	Other Disbursements	15561.26	15561.26	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15561.26	15561.26	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
<b>III Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans) (from line 11d)	46448.00	46448.00	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	46448.00	46448.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	11561.26	11561.26	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	11561.26	11561.26	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 111 OF 111  
FOR LINE NUMBER 11C

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

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 Oncology Resources 16825 Northcase Dr # 1300 Houston Tx 77060		2-24-99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hospital Assn 325 7th St NW Washington DC 20004		5/14/99	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASAPAC 520 Northwest Hwy Park Ridge IL 60068-2573		5/3/99	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tenet Healthcare Corp. PAC 3820 State St. Santa Barbara CA 93105		4-19-99	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Healthcare Corp. Political Fund 1620 L St NW #800 Washington DC, 20036		6/2/99	2500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Physical Therapy PAC 1111 N. Fairfax St. Alexandria VA 22314		6/30/99	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Renal Leadership Council PAC 1300 Connecticut Ave #1000 Washington D.C. 20036		3/16/99	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	

SUBTOTAL of Receipts This Page (optional)

24500.00

TOTAL This Period (last page this line number only)

24500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full) **Congressional Majority Committee C00117721**

A. Full Name, Mailing Address and ZIP Code <b>Rob Lively 2353 W. Oakland St. Arlington VA 22207</b>	Name of Employer <b>Scherling Plough Legislative Resources LLC</b>	Date (month, day, year) <b>5/19/99</b>	Amount of Each Receipt This Period <b>\$448.<sup>00</sup> (in-kind)</b>
	Occupation <b>Staff of Congressional Representative</b>	Aggregate Year-to-Date <b>&gt; \$ 448.<sup>00</sup></b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code <b>Leo Sands 42 Dunlin Meadow Dr The Woodlands TX 77381</b>	Name of Employer <b>Amer. Oncology Resources Inc.</b>	Date (month, day, year) <b>2-24-99</b>	Amount of Each Receipt This Period <b>500.<sup>00</sup></b>
	Occupation <b>Treasurer</b>	Aggregate Year-to-Date <b>&gt; \$ 500</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code <b>Arue Gillette 5059 Kingswood Dr. Carmel IN 46033</b>	Name of Employer	Date (month, day, year) <b>1-25-99</b>	Amount of Each Receipt This Period <b>500.<sup>00</sup></b>
	Occupation	Aggregate Year-to-Date <b>&gt; \$ 500</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code <b>David H. Regan 1800 North Shore Rd Lake Oswego OR 97034</b>	Name of Employer	Date (month, day, year) <b>2-18-99</b>	Amount of Each Receipt This Period <b>1000.<sup>00</sup></b>
	Occupation	Aggregate Year-to-Date <b>&gt; \$ 1000</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code <b>Deborah L. Steinhilber 8523 Georgetown Pike McLean VA 22102</b>	Name of Employer <b>Law Office of Deborah Steinhilber</b>	Date (month, day, year) <b>4/22/99</b>	Amount of Each Receipt This Period <b>2000.<sup>00</sup></b>
	Occupation <b>Attorney</b>	Aggregate Year-to-Date <b>&gt; \$ 2000</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code <b>Edward Samuel Kuester 6405 Tree Top Circle Columbia MD 21045</b>	Name of Employer <b>Clark &amp; Ulenstock</b>	Date (month, day, year) <b>5/13/99</b>	Amount of Each Receipt This Period <b>1000.<sup>00</sup></b>
	Occupation	Aggregate Year-to-Date <b>&gt; \$ 1000</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code <b>Daphne Cochran Kessler 4008 Ancient Oak Ct. Annandale VA 22003</b>	Name of Employer	Date (month, day, year) <b>6/29/99</b>	Amount of Each Receipt This Period <b>1000.<sup>00</sup></b>
	Occupation	Aggregate Year-to-Date <b>&gt; \$ 1000</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **6448.<sup>00</sup>**

TOTAL This Period (last page plus line number only) **21573.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4  
FOR LINE NUMBER 110

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee @00117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeanine Rivet 4305 Trillium Way Minnetrista, MN 55364	United Health Group Occupation: Executive Staff	6/29/99	925. <sup>00</sup>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 925. <sup>00</sup>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John K. Ellingboe 7123 Topa Dr. Edina Mn 55439	United Health Group Occupation: Executive Staff	6/29/99	200. <sup>00</sup>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200. <sup>00</sup>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard A. Farr 10146 Trotters Path Eden Prairie MN 55347	United Health Group Occupation: Executive Staff	6/29/99	300. <sup>00</sup>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300. <sup>00</sup>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karl Kendall 16010 - 44th Ave N. Plymouth MN 55446	United Health Group Occupation: Executive Staff	6/29/99	100. <sup>00</sup>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. <sup>00</sup>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheila McMillan 4174 Lakeridge Dr. Chanhassen MN 55331	United Health Group Occupation: Executive Staff	6/29/99	100. <sup>00</sup>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. <sup>00</sup>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christina R. Palmorizak 837 Palm Ct. Maplewood MN 55109	United Health Group Occupation: Executive Staff	6/29/99	100. <sup>00</sup>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. <sup>00</sup>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Lundquist 9107 Sunnyvale Dr. Chanhassen MN 55317	United Health Group Occupation: Executive Staff	6/29/99	100. <sup>00</sup>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. <sup>00</sup>		

SUBTOTAL of Receipts This Page (optional)

1825.<sup>00</sup>

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) **Congressional Majority Committee C00117721**

A. Full Name, Mailing Address and ZIP Code <b>Marcia E. Smith</b> <b>6527 Dominick Dr</b> <b>Minnetonka MN 55343</b>	Name of Employer <b>United Health Group</b>	Date (month, day, year) <b>6/29/99</b>	Amount of Each Receipt this Period <b>100.00</b>
	Occupation <b>Executive Staff</b>	Aggregate Year-to-Date <b>&gt; \$ 100</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code <b>Mary Paoli</b> <b>2186 Berkeley Ave</b> <b>St. Paul MN 55105</b>	Name of Employer <b>United Health Group</b>	Date (month, day, year) <b>6/29/99</b>	Amount of Each Receipt this Period <b>100.00</b>
	Occupation <b>executive staff</b>	Aggregate Year-to-Date <b>&gt; \$ 100</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code <b>Rebecca Hinder Mach</b> <b>4225 Dunberry Ln.</b> <b>EDINA MN 55435</b>	Name of Employer <b>United Health Group</b>	Date (month, day, year) <b>6/29/99</b>	Amount of Each Receipt this Period <b>100.00</b>
	Occupation <b>Executive Staff</b>	Aggregate Year-to-Date <b>&gt; \$ 100</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code <b>Victor M. Charviel</b> <b>13 Vintage Ct.</b> <b>Las Vegas NV 89113</b>	Name of Employer <b>TOTAL Renal Care</b>	Date (month, day, year) <b>3/16/99</b>	Amount of Each Receipt this Period <b>4000.00</b>
	Occupation <b>President</b>	Aggregate Year-to-Date <b>&gt; \$ 4000</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code <b>Mats Wahlstrom</b> <b>2615 Oak Dr #16</b> <b>Lakewood CO 80215</b>	Name of Employer (blank)	Date (month, day, year) <b>3/16/99</b>	Amount of Each Receipt this Period <b>4000.00</b>
	Occupation (blank)	Aggregate Year-to-Date <b>&gt; \$ 4000</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code <b>Gary Brunkardt</b> <b>5648 Hillsboro Ct.</b> <b>Washville TN 37215</b>	Name of Employer <b>Renal Care Group</b>	Date (month, day, year) <b>3/16/99</b>	Amount of Each Receipt this Period <b>1000.00</b>
	Occupation <b>Executive</b>	Aggregate Year-to-Date <b>&gt; \$ 1000</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code <b>David A. Jones</b> <b>P.O. Box 1438</b> <b>Louisville KY 40201</b>	Name of Employer <b>Retired</b>	Date (month, day, year) <b>6/24/99</b>	Amount of Each Receipt this Period <b>1000.00</b>
	Occupation (blank)	Aggregate Year-to-Date <b>&gt; \$ 1000</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....	<b>10 300.00</b>
TOTAL This Period (last page this line number only) .....	(blank)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code Sam A. Brooks Jr. 2100 W End Ave # 800 Nashville TN 37203	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Renal Care Group	3/16/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO Aggregate Year-to-Date > \$ 2000		

B. Full Name, Mailing Address and ZIP Code Raymond M. Hakim 2100 W. End Ave # 800 Nashville TN 37203	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Renal Care Group	3/16/99	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Medical Officer Aggregate Year-to-Date > \$ 1000		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
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
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
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
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)	3000. <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 1 OF 1  
FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee CO0117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shawn Terry for Congress P.O. Box 223581 Dallas TX 75222		2/1/99	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): reimbursement	Occupation	Aggregate Year-to-Date > \$ 1000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Committee to Elect Winkler 10847 N-450th St. Casper IL 62420		3/24/99	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): reimbursement	Occupation	Aggregate Year-to-Date > \$ 1000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
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
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
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
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)

2000.00

TOTAL This Period (last page this line number only)

2000.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 27

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 00017721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>Dickey for Congress Campaign</u> <u>P.O. Box 8766 #00267997</u> <u>Pine Bluff AR 77611</u>	<u>Loan</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>6/24/99</u>	<u>2000.<sup>00</sup></u>
<u>B. Full Name, Mailing Address and ZIP Code # 31-1400958</u> <u>Chabot for Congress</u> <u>3014 Harrison Ave</u> <u>Cincinnati OH 45211</u>	<u>Loan</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>6/28/99</u>	<u>2000.<sup>00</sup></u>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	<u>4000.<sup>00</sup></u>
TOTAL This Period (last page this line number only) .....	<u>4000.<sup>00</sup></u>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 21a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Congressional Majority Committee C00117721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victory Funds, Inc. 2505 Stonegate Dr. N. Bedford TX 76021	fundraising services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-10-99	2000.00
Victory Funds Inc 2505 Stonegate Dr N Bedford TX 76021	fundraising services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-3-99	1000.00
Victory Funds Inc 2505 Stonegate Dr N Bedford TX 76021	telephone charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-99	272.84
Victory Funds Inc 2505 Stonegate Dr. N Bedford TX 76021	fundraising services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-8-99	1000.00
U.S. Bank Natl Ass'n P.O. Box 6301 Fargo ND 58125-6301	travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-13-99	3529.61
Victory Funds 2505 Stonegate Dr. N Bedford TX 76021	fundraising services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-24-99	2000.00
U.S. Bank Natl Ass'n P.O. Box 6301 Fargo ND 58125-6301	airfare & catering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-15-99	1310.81
Rob Lively 2353 N. Oakland St. Burlington VA 22207	Cost of hosting fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/99	448.00 (In kind received)
L 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)

11561.26

TOTAL This Period (last page this line number only)

11561.26

**LOANS**

Name of Committee (In Full) Congressional Majority Committee C00117721

A. Full Name, Mailing Address and ZIP Code of Loan Recipient <u>Dickey for Congress</u> <u>P.O. Box 8766</u> <u>Pine Bluff, AR 77011</u>	Original Amount of Loan <u>\$2000.00</u>	Cumulative Payment To Date	Balance Outstanding at Close of This Period <u>\$2000.00</u>
---	---	----------------------------	---

Election:  Primary  General  Other (specify):  
 Terms: Date Incurred 6/29/99 Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (app) \_\_\_\_\_  Secured

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

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

B. Full Name, Mailing Address and ZIP Code of Loan Source <u>Chatot for Congress</u> <u>3014 Harrison Ave</u> <u>Cincinnati OH 45211</u>	Original Amount of Loan <u>\$2000.00</u>	Cumulative Payment To Date	Balance Outstanding at Close of This Period <u>\$2000.00</u>
---	---	----------------------------	---

Election:  Primary  General  Other (specify):  
 Terms: Date Incurred 6/29/99 Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (app) \_\_\_\_\_  Secured

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

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

SUBTOTALS This Period This Page (optional) .....	<u>4000.00</u>
TOTALS This Period (last page in this line only) .....	<u>4000.00</u>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

COMMITTEE TO ELECT 12-97  
WINTER TO CONGRESS  
10847 N. 450TH ST  
CASEY, IL 62420

DATE 3/24/99

172

PAY TO THE ORDER OF

*Congressional Majority Committee* \$1000.00

*One thousand & 00/100*

DOLLARS



THE CASEY NATIONAL BANK  
CASEY, ILLINOIS 62420

*David Hunter*

TELL

⑆071106195⑆ 212061600172

SHAWN TERRY FOR CONGRESS  
P. O. BOX 220901  
DALLAS, TX 75202

RR-15787 11 18  
0024687

1518

DATE: 2/1/99

The Congressional Majority Committee \$1,000.00  
One Thousand Dollars



Bank of DeSoto N.A.

2011 E. Hampton, P.O. Box 2211  
DeSoto, Texas 75115

Member Separated 2/98 Contribution

*[Handwritten signature]*

⑆111916690⑆ 0000 2468 7⑈ 1518

ssroads Group

1000 South 15th  
TX 75201-2311



The Congressional Majority Committee  
4100. Truxton  
Suite 210

⑆111916690⑆ 0000 2468 7⑈ 1518

next election year.

(ii).

If the contribution(s) in question was not completely or correctly reported, you should amend your original report using the correct information. If the contribution(s) exceeds the limit, you should either refund to the donor(s)

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 7/30/99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>ZHW</i>	<i>8/4/99</i>
PREPARER	DATE PREPARED