

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 JUN 13 A 11:39

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 D.C. 20004-1105

2. FEC IDENTIFICATION NUMBER
C0011772-1

3. This committee has qualified as a multicandidate committee. (see FEC FORM 114)

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	11-28-00 through 12-31-00		
6. (a) Cash on Hand January 1, ²⁰⁰⁰			\$99367.63
(b) Cash on Hand at Beginning of Reporting Period		\$38031.66	
(c) Total Receipts (from Line 19)		\$ 11630.00	\$ 222307.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$49661.66	\$ 321675.39
7. Total Disbursements (from Line 30)		\$ 19186.32	\$ 291200.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 30475.34	\$ 30475.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 1000.⁰⁰	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20460 Toll Free 800-424-9530 Local 202/691-1100
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
Ladonna J. Dodge

Signature of Treasurer
Ladonna J. Dodge

Date
6-10-01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE

Congressional Majority Committee

REPORT COVERING PERIOD
FROM 11-28-00 TO 12-31-00

		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		4000.00	94250.00
ii. Unitemized		630.00	25535.00
iii. Total	(add i and ii) >	4630.00	119785.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)		7000.00	101522.76
d. Total Contributions	(add a i, b and c) >	11630.00	221307.76
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			1000.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 16, 17, and 18) >	11630.00	222307.76
20. Total Federal Receipts	(subtract line 15 from line 19) >	11630.00	222307.76
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		19186.32	101200.05
c. Total Operating Expenditures	(add a i, ii, and b) >	19186.32	101200.05
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			184,000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			1000.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			5000.00
d. Total Contribution Refund	(add a, b and c) >		6000.00
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	19186.32	291200.05
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	19186.32	291200.05
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		11630.00	221307.76
33. Total Contribution Refunds (from line 28d)			6000.00
34. Net Contributions (other than loans)(subtract line 33 from line 32)		11630.00	215307.76
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	19186.32	101200.05
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from line 35) >	19186.32	101200.05

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gold Coast Pistachios 1326 W Herndon #101 Fresno CA 93711		12/15/00	1000.00 Info Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code Pistachio's Unlimited 140 Luning Dr. Palm Springs CA 92262	Name of Employer Partnership	Date (month, day, year) 11/30/00	Amount of Each Receipt this Period 1000.00 Info Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code Lila A. Johnson 18654 Ridge Dale Madena CA 93638	Name of Employer Terra Buena Farm Management	Date (month, day, year) 11/30/00	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code Joshua Setton 95 Austin Blvd Commeck NJ 11725	Name of Employer Self	Date (month, day, year) 11/30/00	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation farmer	Aggregate Year-to-Date > \$ 1000.00	
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 > \$	

GUSTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF FOR LINE NUMBER

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

000117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Veneor, Inc PAC 3300 Provident 400 West Market Louisville, Ky 40202	Occupation	11/27/00	2000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 2000. ⁰⁰		
B. Full Name, Mailing Address and ZIP Code Americans for Republican Majority 1155 21st St NW #300 Washington DC 20036	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	11/27/00	5000. ⁰⁰
C. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date \$ 5000. ⁰⁰	
D. Full Name, Mailing Address and ZIP Code		E. Full Name, Mailing Address and ZIP Code	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
F. Full Name, Mailing Address and ZIP Code		G. Full Name, Mailing Address and ZIP Code	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
H. Full Name, Mailing Address and ZIP Code		I. Full Name, Mailing Address and ZIP Code	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
J. Full Name, Mailing Address and ZIP Code		K. Full Name, Mailing Address and ZIP Code	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
L. Full Name, Mailing Address and ZIP Code		M. Full Name, Mailing Address and ZIP Code	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Receipts This Page (optional)

7000.⁰⁰

TOTAL This Period (last page this line number only)

7000.⁰⁰

Name of Guarantor (see Form 8) **Congressional Majority Committee** 0001772-1

A. Full Name, Mailing Address and ZIP Code of Loan Guarantor Chairman for Congress 3014 Huntington Ave Cambridge MA 02141 Guarantor: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 2000.⁰⁰	Cumulative Payments To Date 1000.⁰⁰	Balance Outstanding at Close of This Period 1000.⁰⁰
Terms: Date Incurred 02/89 Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			

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

1. Full Name, Mailing Address and ZIP Code	Name of Employer	<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); width: 100%; height: 100%;"></div>
	Occupation	
	Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); width: 100%; height: 100%;"></div>
	Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: \$	<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); width: 100%; height: 100%;"></div>

B. Full Name, Mailing Address and ZIP Code of Loan Source Employer: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			

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

1. Full Name, Mailing Address and ZIP Code	Name of Employer	<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); width: 100%; height: 100%;"></div>
	Occupation	
	Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); width: 100%; height: 100%;"></div>
	Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	
	Occupation	
	Amount Guaranteed Outstanding: \$	<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); width: 100%; height: 100%;"></div>

SUBTOTALS This Period (This Page (optional) _____)	1000.⁰⁰
TOTALS This Period (last page in this case only) _____	1000.⁰⁰

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>6-13-01</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	
<i>[Signature]</i> PREPARER	<i>6-13-01</i> DATE PREPARED