

2001 JUN 13 A 11:39

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>Congressional Majority Committee</i>		2. FEC IDENTIFICATION NUMBER <i>000117721</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>555 13th St # 500 West</i>		
CITY, STATE and ZIP CODE <i>Washington D.C. 20004-1109</i>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 118)		

A. 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	<i>11-1-00 through 9-30-00</i>		
6. (a) Cash on Hand January 1, 19__			\$ <i>99367.43</i>
(b) Cash on Hand at Beginning of Reporting Period		\$ <i>31634.64</i>	
(c) Total Receipts (from Line 19)		\$ <i>72530.00</i>	\$ <i>183377.76</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <i>104164.64</i>	\$ <i>242745.39</i>
7. Total Disbursements (from Line 30)		\$ <i>26932.86</i>	\$ <i>205513.61</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <i>77231.78</i>	\$ <i>77231.78</i>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ <i>1000.00</i>	
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>LaDonna J. Dodge</i>	Date <i>6-10-01</i>
Signature of Treasurer <i>LaDonna J. Dodge</i>	

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

(Revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Congressional Majority Committee		FROM	TO	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I Receipts				
11. Contributions (other than loans) From:				
a. Individuals/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		24350.00	78250.00	1100
ii. Unitemized		15080.00	24605.00	1100
iii. Total (add i and ii) >		39430.00	102855.00	1100
b. Political Party Committees				1100
c. Other Political Committees (such as PACs)		33100.00	79522.72	1100
d. Total Contributions (add a iii, b and c) >		72530.00	182377.72	1100
12. Transfers From Affiliated/Other Party Committees				2
13. All Loans Received				3
14. Loan Repayments Received			1000.00	4
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				5
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				6
17. Other Federal Receipts (DMV funds, Interest, etc.)				7
18. Transfers from Nonfederal Account for Joint Activity				8
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		72530.00	183377.72	9
20. Total Federal Receipts (subtract line 18 from line 19) >		72530.00	183377.72	20
II Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				2100
i. Federal Share				2100
ii. Non-Federal Share				2100
b. Other Federal Operating Expenditures		26932.86	67513.61	2100
c. Total Operating Expenditures (add a i, a ii, and b) >		26932.86	67513.61	2100
22. Transfers to Affiliated/Other Party Committees				22
23. Contributions to Federal Candidates/Committees and Other Political Committees			132000.00	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			1000.00	2800
b. Political Party Committees				2800
c. Other Political Committees (such as PACs)			5000.00	2800
d. Total Contribution Refunds (add a, b and c) >			6000.00	2800
29. Other Disbursements				29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		26932.86	205513.61	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		26932.86	205513.61	31
III Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)		72530.00	182377.72	32
33. Total Contribution Refunds (from line 28d)			6000.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)		72530.00	176377.72	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		26932.86	67513.61	35
36. Offsets to Operating Expenditures (from line 15)				36
37. Net Operating Expenditures (subtract line 36 from 35) >		26932.86	67513.61	37

SCHEDULE A

DEDUCTIBLE RECEIPTS

Use separate categories for each category of contribution. See Instructions.

PAGE 17 OF 17
FORM LINE NUMBER

Any information copied from such Receipts 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 officer or committee to solicit contributions from such committee.

NAME OF CONTRIBUTOR (In Full)

Congressional Majority Committee C0011772

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott L Maxwell MD 1609 SW 14th Okla OK 73013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self MD Aggregate Year-to-Date > 100.00	8/10/00	100.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > 0	Date (month, day, year)	Amount of Each Receipt This Period

TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this form number only)

100.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 16 OF 17
 PER LINE NUMBER

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C0011770-1

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>William Nagala</u> <u>4300 River Rd</u> <u>Minnetonka MN 55243</u>	<u>self</u>	<u>8/13/00</u>	<u>200.⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MWD</u>	Aggregate Year-to-Date: <u>200.⁰⁰</u>	
<u>Kenneth Dahlberg</u> <u>info. requested</u>	<u>self</u>	<u>8/13/00</u>	<u>200.⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MWD</u>	Aggregate Year-to-Date: <u>200.⁰⁰</u>	
<u>John Kinsinger</u> <u>1005 Myholland</u> <u>Edmond OK 73007</u>	<u>self</u>	<u>8/6/00</u>	<u>100.⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MWD</u>	Aggregate Year-to-Date: <u>100.⁰⁰</u>	
<u>James R. Bidewitz</u> <u>1309 Glenbrook</u> <u>Oklahoma OK 73114</u>	<u>self</u>	<u>8/6/00</u>	<u>100.⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MWD</u>	Aggregate Year-to-Date: <u>100.⁰⁰</u>	
<u>Ward Rader III</u> M.D. <u>2201 Pioneer Crossing</u> <u>Edmond OK 73034</u>	<u>self</u>	<u>8/6/00</u>	<u>100.⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MWD</u>	Aggregate Year-to-Date: <u>100.⁰⁰</u>	
<u>Jeffrey Lead</u> <u>1705 Deep Creek Rd</u> <u>Oklahoma City OK</u>	<u>self</u>	<u>8/6/00</u>	<u>100.⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MWD</u>	Aggregate Year-to-Date: <u>100.⁰⁰</u>	
<u>Bennett Fuller</u> <u>14706 Canting Way</u> <u>Edmond OK 73013</u>	<u>self</u>	<u>8/6/00</u>	<u>100.⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>MWD</u>	Aggregate Year-to-Date: <u>100.⁰⁰</u>	

GRAND TOTAL of Receipts This Page (Schedule)

TOTAL This Period (last page of this number only)

900.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 15 OF 17
FOR LINE NUMBER

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NAME OF COMMITTEE (if Pub)				Amount of Each Receipt This Period
Congressional Majority Committee		C00117721		
A. Full Name, Mailing Address and ZIP Code Allen Tank 5395 Shackwies Ln Plymouth MN 55447		Name of Employer self	Date (month, day, year) 8/16/00	Amount of Each Receipt This Period 100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MD	Aggregate Year-to-Date 100. ⁰⁰	
B. Full Name, Mailing Address and ZIP Code Nicole Valentine 2804 Irving Ave S Minneapolis MN 55408		Name of Employer self	Date (month, day, year) 8/16/00	Amount of Each Receipt This Period 100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MD	Aggregate Year-to-Date 100. ⁰⁰	
C. Full Name, Mailing Address and ZIP Code Frederick B. Wells 630 E Indian Mound Weyzata MN 55371		Name of Employer self	Date (month, day, year) 8/16/00	Amount of Each Receipt This Period 100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MD	Aggregate Year-to-Date 100. ⁰⁰	
D. Full Name, Mailing Address and ZIP Code David S. Washburn 2034 Crosby Rd Weyzata MN 55391		Name of Employer self	Date (month, day, year) 8/16/00	Amount of Each Receipt This Period 250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MD	Aggregate Year-to-Date 250. ⁰⁰	
E. Full Name, Mailing Address and ZIP Code Bernard Barber 5208 Ridgely Rd Edina MN 55436		Name of Employer self	Date (month, day, year) 8/16/00	Amount of Each Receipt This Period 100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MD	Aggregate Year-to-Date 100. ⁰⁰	
F. Full Name, Mailing Address and ZIP Code Conley Brooks 1450 Kenway Bldg Minneapolis MN 55402		Name of Employer self	Date (month, day, year) 8/12/00	Amount of Each Receipt This Period 100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MD	Aggregate Year-to-Date 100. ⁰⁰	
G. Full Name, Mailing Address and ZIP Code Harry R. Boyd 14700 Lehighville Ave Chelton MN 55331		Name of Employer self	Date (month, day, year) 8/14/00	Amount of Each Receipt This Period 250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MD	Aggregate Year-to-Date 250. ⁰⁰	

1900.⁰⁰

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (not the number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 17
FOR LINE NUMBER

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NAME OF COMMITTEE (if FUD)

Congressional Majority Committee

C00117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Tom Delta MD 680 Jerome Ave NE Spring Lake Park MN 55432	self	8/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	Aggregate Year-to-Date: \$100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Lucille Peterson 110 W Center Plymouth MN 55971	self	8/15/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	Aggregate Year-to-Date: \$100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Brooklyn Peterson 2704 Eden Parkway Minneapolis MN 55416	self	8/16/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	Aggregate Year-to-Date: \$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Elizabeth Payne 400 Superior Ln Plymouth MN 55441	self	8/15/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	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 in this Period
Mary Prunty's 5505 River Bluff Curve Bloomington MN 55437	self	8/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	Aggregate Year-to-Date: \$100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
Michael J. Plummer 1950 Knox Ave S Minneapolis MN 55405	self	8/15/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	Aggregate Year-to-Date: \$100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt in this Period
C. J. Russell 931 Bryant Ave Bloomington MN 55420	self	8/12/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	Aggregate Year-to-Date: \$100.00	

1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (See page 10 for further info)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheet(s) for each category of the Defined Summary Page

PAGE 13 97
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

C00117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles R. Arch 825 N. Minnesota St. 2nd Fl St Paul MN 55104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: UMO Aggregate Year-to-Date > \$ 100.00	8/15/00	100.00
Bruce J. Ruben 4855 Phasant Ct Appleton WI 55001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: U.M.D. Aggregate Year-to-Date > \$ 100.00	8/10/00	100.00
Mark S. Sperry 112 W Pleasant Lake Rd North Oaks MN 55127 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: UMO Aggregate Year-to-Date > \$ 100.00	8/1/00	100.00
Eric Swanson 8750 Walton Oaks Rd Bloomington MN 55438 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: UMO Aggregate Year-to-Date > \$ 250.00	8/10/00	250.00
Steven E. Susann 4945 Queen Ave South Minneapolis MN 55410 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: MO Aggregate Year-to-Date > \$ 250.00	8/4/00	250.00
Mark Stubic 2645 Mt Vernon Ln Woodbury MN 55129 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: UMO Aggregate Year-to-Date > \$ 200.00	8/10/00	200.00
Mark Stubic 3648 Mt Vernon Ln Woodbury MN 55129 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: UMO Aggregate Year-to-Date > \$ 100.00	8/10/00	100.00
TOTAL of Receipts This Page (optional)			1100.00

TOTAL of Receipts This Page (optional)

1100.00

Use this field to enter this line number only

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 17
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C00117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don A. Meredith Jr 3015 Waterston Rd Oroon MO 65359	self	8/14/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other specify:	Occupation: M.D.	Applicable Year-to-Date > \$ 200. ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shelly M. Mitra 5523 Wingwood Ct Minnetonka MN 55345	self	8/14/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other specify:	Occupation: M.D.	Applicable Year-to-Date > \$ 100. ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pam Marie 9316 Palmer Rd Bloomington MN 55437	self	8/11/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other specify:	Occupation: M.D.	Applicable Year-to-Date > \$ 100. ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John S. McClure 6217 Edulwood Ln Edina MN 55436	self	8/15/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other specify:	Occupation: M.D.	Applicable 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
William K. Maxwell 5433 Union Point Rd Minnetonka MN 55345	self	8/15/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other specify:	Occupation: M.D.	Applicable Year-to-Date > \$ 100. ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John D. Quacombe 2249 Sartmont Ave St Paul MN 55105	self	8/15/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other specify:	Occupation: M.D.	Applicable 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
Michael T. Rubens 1745 Bridgewater Rd Bridges Valley MN 55422	self	8/15/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other specify:	Occupation: M.D.	Applicable Year-to-Date > \$ 200. ⁰⁰	

1200.⁰⁰

SUBTOTAL of Receipts This Page (optional)

Printed Out each line number only

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 17
FOR LINE NUMBER

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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
Mark S. Lantz 12200 Orchard Hill Eden Prairie MN 55344	self	8/14/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: YMD	Aggregate Year-to-Date: 100. ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alan W. Witts 4180 4th Ave N Plymouth MN 55446	self	8/14/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: YMD	Aggregate Year-to-Date: 100. ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert B. Lewis 6500 Stander Circle Eden MN 55436	self	8/14/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: YMD	Aggregate Year-to-Date: 200. ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas E. Lyons 2453 Dupont Ave S. Minneapolis MN 55409	self	8/14/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: YMD	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
Brian M. Leonovicz 8100 Kentucky Ave S. Bloomington MN 55435	self	8/14/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: YMD	Aggregate Year-to-Date: 250. ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dinah Lee S. Meyer 12108 Drashing Ct. Richmond VA 23283	self	8/14/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: YMD	Aggregate Year-to-Date: 100. ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Meddock M.D. 1165 Settlers Rd Medina MN 55340	self	8/14/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date: 100. ⁰⁰	

1100.⁰⁰

GRAND TOTAL of Receipts This Page (optional)

Enter text from this box number only

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 17
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be 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
John Humle 7651 Bush Lake Bloomington MN 55435	self MD	8/14/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code Richard J. Howard 4370 Brook Ave S St Louis Park MN 55424	self MD	8/14/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code Robert Hansen SR. 15260 Stacy Vista Dr E. Jordan MN 55052	self MD	8/16/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code Joe W. Joseph 4290 Pidge Rd Chanhassen MN 55317	self MD	8/14/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Robert J. Yaska 27005 Noble Rd Shorewood MN 55331	self MD	8/11/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Larry Kuester 50 W Minneapolis Pkwy Minneapolis MN 55419	self Minneapolis	8/15/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code Peder Knutson 2732 Dean Pkwy Minneapolis MN 55416	self MD	8/15/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		

NET TOTAL of Receipts This Page (optional) 1100.⁰⁰

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 9 OF 17

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 promotional 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
Andrew J. Houlston MD 6208 J Dr Wood Ln Edina MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: self Occupation: MD Aggregate Year-to-Date: \$ 250.00	8/11/00	250.00
Bonnie Atkins-Finke 252 City Rd Medina MN 55391 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: self Occupation: MD Aggregate Year-to-Date: \$ 100.00	8/14/00	100.00
Lynn P. Gruber 1417 La Salle Ave Wayzata MN 55391 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: self Occupation: lawyer Aggregate Year-to-Date: \$ 100.00	8/14/00	100.00
James L. Halverson MD 15256 Wild Wings Minnetonka MN 55345 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: self Occupation: MD Aggregate Year-to-Date: \$ 100.00	8/9/00	100.00
John A. Hill MD 5234 Green Glens Rd Edina MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: self Occupation: MD Aggregate Year-to-Date: \$ 250.00	8/14/00	250.00
David E. Hoopes 5108 Mirror Lakes Dr Edina MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: self Occupation: MD Aggregate Year-to-Date: \$ 250.00	8/18/00	250.00
Thomas F. Hughes 3272 York Alameda Woodbury MN 55125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: self Occupation: MD Aggregate Year-to-Date: \$ 100.00	8/15/00	100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1150.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 9
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 names 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)
James C. Erickson 3701 Abbott Ave S. Minneapolis MN 55410	self	8/16/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: consultant	Aggregate Year-to-Date > \$ 100. ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Mary C. Edwards 5613 St. Andrews Ave Edina MN 55424	self	8/16/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$ 100. ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
William E. Frenzel 10310 Stoneham Ln Mclean VA 22101	self	8/16/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$ 200. ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Joseph G. Vorsch 14507 Gladys Ln Minnetonka MN 55845	self	8/16/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	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)
James M. Fox 12255 - 46th Ave N Plymouth MN 55442	self	8/15/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$ 100. ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
James Haglund 4300 Bassett Creek Golden Valley MN 55422	self	8/10/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$ 200. ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
John Y. Hendricks 3765 Thomas Ave S Minneapolis MN 55416	self	8/15/00	300. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$ 300. ⁰⁰	

1250.⁰⁰

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page via 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 other 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
Lawrence J. Bartram
 11457 Washers Way
 Eden Prairie MN 55347
 Receipt For: Primary General
 Other (specify):

Name of Employer
Self
 Occupation **MD**
 Aggregate Year-to-Date **> 350.00**

Date (month, day, year)
8/14/00

Amount of Each Receipt this Period
250.00

B. Full Name, Mailing Address and ZIP Code
Jennifer Worch Bretneger
 1705 Emerson Ave S.
 Minneapolis MN 55408
 Receipt For: Primary General
 Other (specify):

Name of Employer
Self
 Occupation **M.D.**
 Aggregate Year-to-Date **> 100.00**

Date (month, day, year)
8/15/00

Amount of Each Receipt this Period
100.00

C. Full Name, Mailing Address and ZIP Code
Bernard C. Bauer
 5209 Ridge Rd
 Edina MN 55436
 Receipt For: Primary General
 Other (specify):

Name of Employer
Self
 Occupation **M.D.**
 Aggregate Year-to-Date **> 100.00**

Date (month, day, year)
8/16/00

Amount of Each Receipt this Period
1000.00

D. Full Name, Mailing Address and ZIP Code
Kenneth Casey
 info requested
 Receipt For: Primary General
 Other (specify):

Name of Employer
Self
 Occupation **WFO**
 Aggregate Year-to-Date **> 150.00**

Date (month, day, year)
8/16/00

Amount of Each Receipt this Period
150.00

E. Full Name, Mailing Address and ZIP Code
Jack W Carlson
 10219 Scarborough Rd
 Bloomington MN 55437
 Receipt For: Primary General
 Other (specify):

Name of Employer
Self
 Occupation **MD**
 Aggregate Year-to-Date **> 100.00**

Date (month, day, year)
8/16/00

Amount of Each Receipt this Period
100.00

F. Full Name, Mailing Address and ZIP Code
DR O'Brien S. Doyle
 12893 Floral Ave
 Apple Valley MN 55124
 Receipt For: Primary General
 Other (specify):

Name of Employer
Self
 Occupation **MD**
 Aggregate Year-to-Date **> 100.00**

Date (month, day, year)
8/11/00

Amount of Each Receipt this Period
100.00

G. Full Name, Mailing Address and ZIP Code
Steven C. Dondlinger
 5519 Knoll Dr
 Edina MN 55436
 Receipt For: Primary General
 Other (specify):

Name of Employer
Self
 Occupation **MD**
 Aggregate Year-to-Date **> 250.00**

Date (month, day, year)
8/12/00

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) **1950.00**
 TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 77
FORM 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
Joel W. Arney M.D. Hewins Hill Ct. Sunfish Lake MD 58027	Self	8/24/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation M.D.	Aggregate Year-to-Date > \$ 100. ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michelle Anderson MD 674 Kenneth St. St. Paul MN 55116	Self	8/24/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation M.D.	Aggregate Year-to-Date > \$ 100. ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Diane Atkins M.D. 2109 Sugarwoods DR Grove MN 55827	Self	8/24/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation M.D.	Aggregate Year-to-Date > \$ 250. ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Miriam Rapp M.D. 521 Tronick Ct Woodbury MN 55125	Self	8/24/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation M.D.	Aggregate Year-to-Date > \$ 100. ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Wood M.D. 6072 Memorial Pkwy Dorchester MN 55903	Self	8/24/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation M.D.	Aggregate Year-to-Date > \$ 100. ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Scott M.D. 1101 Vermont Ave Washington D.C 20005	Self	8/24/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation M.D.	Aggregate Year-to-Date > \$ 100. ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joel S. Boode MD 910 Braxton Ln Plymouth MN 55447	Self	8/24/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation M.D.	Aggregate Year-to-Date > \$ 100. ⁰⁰	

350.⁰⁰

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of tax. Detailed Summary Page

PAGE 5 OF 17
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for endorsement 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
Wayne L. Marston MD 244 S Pennsylvania St. Denver CO 80209	self M.D.	12/4/20	150. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. ⁰⁰		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth S. Bussard MD 127 Old York Rd Plymouth MI 48171	self M.D.	2/1/20	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. ⁰⁰		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephanie L. Steer M.D. 10710 W 128th St Overland Park KS 66123	self M.D.	2/4/20	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. ⁰⁰		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John L. Lujana MD 226 S. Grove Ave Oak Park IL 60302	self M.D.	7/4/20	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250. ⁰⁰		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Cipolla M.D. 10012 Charlemont Dr Las Vegas NV 89134	self M.D.	7/3/20	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. ⁰⁰		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Condrell MD 2025 Turnstone Ct Brookfield WI 53005	self M.D.	7/2/20	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. ⁰⁰		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Beth Caldwell MD 209 Eschelsburger St. Blomery PA 17331	self M.D.	7/4/20	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100. ⁰⁰		

850.⁰⁰

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page lists line numbers only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

PAGE 4 OF 17
FOUR LINE NUMBER

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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
Robert M. Timmer M.D. 701 7th Ave S. Edmonds WA 98020	self	2/4/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date: 100. ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don Child M.D. P.O. Box 778 Las Vegas NV 89125	self	7/1/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date: 250. ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elizabeth Lee M.D. 6841 Beaver Creek Ln Lincoln NE 68514	self	7/8/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date: 100. ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wittford A. Zasslow M.D. 1730 Bay Laurel Dr Menlo Park CA 94025	self	2/1/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date: 100. ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Timothy Hansen M.D. 1895 E Decatur Ave Eureka CA 95720	self	7/15/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date: 100. ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bruce Bantun M.D. 1907 Easton Dr Burlingame CA 94010	self	7/10/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date: 100. ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J. Michael Hay M.D. 2750 Amanda Ct Lima OH 45805-4466	self	7/30/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date: 100. ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (use page tab line number only)

950.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detail of Summary Page

PAGE **3** OF **17**
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** **CO0117721**

A. Full Name, Mailing Address and ZIP Code Newton Seiden M.D. 2350 Holland Ave Louis CA 91601	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self Occupation: M.D. Appropriate Year-to-Date: > \$ 100.00	7/1/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Stavros B. Upton M.D. 1270 Jameston Dr Joensuu CA 93720	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self Occupation: M.D. Appropriate Year-to-Date: > \$ 100.00	7/1/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code Yee Koo Kim M.D. 9509 Woodford Rd. Porter MD 20654	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self Occupation: M.D. Appropriate Year-to-Date: > \$ 100.00	7/4/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code Thomas E. Colletti M.D. 5201 N. Knoxville Ave # 49 Rockville IL 60164	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self Occupation: M.D. Appropriate Year-to-Date: > \$ 100.00	7/21/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code Adam G. Joshi MD 1245 Greenborough Rd San Dimas CA 91773	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self Occupation: MD Appropriate Year-to-Date: > \$ 100.00	7/6/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code Perry E. Wustrom MD 408 Dunsmuir Dr Vandala OH 45377	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self Occupation: M.D. Appropriate Year-to-Date: > \$ 100.00	7/11/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code Mark Ferraro M.D. 3530 Milkurn St San Jose CA 95148	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self Occupation: M.D. Appropriate Year-to-Date: > \$ 100.00	7/1/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

GRAND TOTAL of Receipts This Page (optional) **900.00**

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 17
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) **Congressional Majority Committee** **0001772**

A. Full Name, Mailing Address and ZIP Code Warry Wouff Roberts 160 Long Lots Rd. Wichita KS 67200	Name of Employer Lansing Farming Co	Date (month, day, year) [blank]	Amount of Each Receipt This Period 166.⁶⁵ (see Trans)
	Occupation Contractor	Aggregate Year-to-Date 166.⁶⁵	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Leonardo N. Patton M.D. 6221 Robin Hood Dr. Indianapolis IN 46227	Name of Employer self	Date (month, day, year) 7/16/00	Amount of Each Receipt This Period 100.⁰⁰
	Occupation M.D.	Aggregate Year-to-Date 100.⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code Douglas J. Daly M.D. 1516 Cobblestone Dr. Beavercreek OH 43402	Name of Employer self	Date (month, day, year) 7/13/00	Amount of Each Receipt This Period 100.⁰⁰
	Occupation M.D.	Aggregate Year-to-Date 100.⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code Fentall Wharton M.D. 7501 W. First Apt #101 Fresno CA 93720	Name of Employer self	Date (month, day, year) 7/10/00	Amount of Each Receipt This Period 100.⁰⁰
	Occupation M.D.	Aggregate Year-to-Date 100.⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code Wayne Levin M.D. 10910 Baywood Ct Los Angeles CA 90077	Name of Employer self	Date (month, day, year) 7/1/00	Amount of Each Receipt This Period 100.⁰⁰
	Occupation M.D.	Aggregate Year-to-Date 100.⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code R. Rajasapalan M.D. P.O. Box 16309 Fresno CA 93733	Name of Employer self	Date (month, day, year) 7/1/00	Amount of Each Receipt This Period 100.⁰⁰
	Occupation M.D.	Aggregate Year-to-Date 100.⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code Virgil Anzola M.D. 3841 W Locust Fresno CA 93716	Name of Employer self	Date (month, day, year) 7/1/00	Amount of Each Receipt This Period 100.⁰⁰
	Occupation M.D.	Aggregate Year-to-Date 100.⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	600.⁰⁰
TOTAL This Period (fill over this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 97
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

CO0117721

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt This Period
Bractley A Richards M.D. 11031 BRUSH HILLS DR South Bend IN 46714	Self MD \$200.00	7/5/00	200.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt This Period
Lansing Farming Co. P.O. Box 1066 Hutton CA 93234	General Partnership Partner \$1000.00	9/21/00	1000.00 (See memo)
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt This Period
Stuart P Woolf 317 W. Wilson Fresno CA	Partner Lansing Farming \$166.67		166.67 (See memo)
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt This Period
Michael T. Woolf 7031 W. Van Ness Fresno CA 93711	Lansing - Farming Co Partner \$166.67		166.67 (See memo)
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt This Period
John L. Woolf III 4335 W. Van Ness Blvd Fresno CA 93704	Lansing Farming Co. Partner \$166.67		166.67 (See memo)
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt This Period
Christopher F. Woolf 3937 W. Wilson Fresno CA 93704	Lansing Farming Co. Partner \$166.67		166.67 (See memo)
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt This Period
Anne Woolf Foucar 4451 W. Wilson Ave Fresno CA 93704	Lansing Farming Co. Partner \$166.67		166.67 (See memo)

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate entries for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 11e

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NAME OF COMMITTEE (In Full) **Congressional Majority Committee** **200117221**

A. Full Name, Mailing Address and ZIP Code American Hospital Assn 328 4th St NW Washington D.C. 20004	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	7/20/00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 5000. ⁰⁰	

B. Full Name, Mailing Address and ZIP Code American Ambulance Assn 1255 2nd St NW Washington DC 20037	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/11/00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 1000. ⁰⁰	

C. Full Name, Mailing Address and ZIP Code Lockridge, Lundal, Hauer 100 Washington Ave S. Minneapolis MN 55401	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/10/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 100. ⁰⁰	

D. Full Name, Mailing Address and ZIP Code United Weatherers Shop PAC 9900 Brown Rd Minnetonka MN 55343	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	8/16/00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 1000. ⁰⁰	

E. Full Name, Mailing Address and ZIP Code The Blood Williams PAC 5 Maple Dr. Research Triangle Park NC	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	9/17/00	5000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 5000. ⁰⁰	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	

SUBTOTAL of Receipts This Page (optional)	8100. ⁰⁰
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TOTAL This Period (last page this line number only)	33100. ⁰⁰
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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

CD0117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merrill Lynch PAC 1455 Pennsylvania Ave NW # 450 Washington DC 20004		8/15/00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6 1000. ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hospital Assn. PAC 535 7th St NW Washington DC 20004		9/25/00	3000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8 4000. ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Price Waterhouse Coopers PAC 1900 K St NW Washington DC 20006		9/6/00	5000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8 5000. ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Real Estate Investment PAC 1875 1st NW # 600 Washington DC 20006		9/14/00	5000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 8 5000. ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marck PAC 601 Pennsylvania Ave NW P. Box 1200 Washington DC 20004		7/19/00	5000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4 5000. ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet Healthcare Corp. PAC 2020 State St. Santa Barbara CA 93105		8/10/00	5000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4 2000. ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Federation of American Health Systems 801 Pennsylvania Ave NW Washington DC 20004		8/25/00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 4 1000. ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

25000.⁰⁰

TOTAL This Period (last page this line number only)

33100.⁰⁰

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>JK</i> PREPARER	<i>6-13-01</i> DATE PREPARED