

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 24 11 48 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Congressional Majority Committee		2. FEC IDENTIFICATION NUMBER 00017721
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3 West Larkox St		
CITY, STATE and ZIP CODE Cherry Chase MD 20815		
3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

12-Day Pre-Election Report for the General
(Type of Election)
election on NOV. 3, 98 in the State of CA

30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10-1-98</u> through <u>10-14-98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ <u>1247.50</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>15824.67</u>	
(c) Total Receipts (from Line 19)	\$ <u>25300.00</u>	\$ <u>41300.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>41124.67</u>	\$ <u>42547.50</u>
7. Total Disbursements (from Line 20)	\$ <u>0</u>	\$ <u>1422.83</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>41124.67</u>	\$ <u>41124.67</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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	Date 10-19-98
Signature of Treasurer <i>LaDonna J. Dodge</i>	

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 9/83)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

Congressional Majority Committee

REPORT COVERING PERIOD

FROM 10-1-98 TO 10-14-98

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		2300.00	3800.00	11(a)(i)
ii. Unitemized				11(a)(ii)
iii. Total (add i and ii) >		2300.00	3800.00	11(a)(iii)
b. Political Party Committees				11(b)
c. Other Political Committees (such as PACs)		23000.00	37500.00	11(c)
d. Total Contributions (add a ii, b and c) >		25300.00	41300.00	11(d)
12. Transfers From Affiliated/Other Party Committees				12
13. All Loans Received				13
14. Loan Repayments Received				14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				16
17. Other Federal Receipts (Dividends, Interest, etc.)				17
18. Transfers from Nonfederal Account for Joint Activity				18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		25300.00	41300.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >		25300.00	41300.00	20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share				21(a)(i)
ii. Non-Federal Share				21(a)(ii)
b. Other Federal Operating Expenditures				21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		0	0	21(c)
22. Transfers to Affiliated/Other Party Committees				22
23. Contributions to Federal Candidates/Committees and Other Political Committees				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				28(a)
b. Political Party Committees				28(b)
c. Other Political Committees (such as PACs)				28(c)
d. Total Contribution Refunds (add a, b and c) >				28(d)
29. Other Disbursements				29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >				30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		0	0	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		25300.00	41300.00	32
33. Total Contribution Refunds (from line 28d)		0		33
34. Net Contributions (other than loans)(subtract line 33 from 32)		25300.00	41300.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0	1422.83	35
36. Offsets to Operating Expenditures (from line 15)				36
37. Net Operating Expenditures (subtract line 36 from 35) >		0	1422.83	37

FEDERAL ELECTION COMMISSION

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 110

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 (001772)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Health Plan PAC 1129 20th St NW #600 Washington DC 20036	Multi Candidate Committee	10/18/98	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AICPA effective legislation Committee 1455 Penn. Ave NW Washington D.C. 20004	Multi Candidate Committee	10/1/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAPHS PAC 1317 F St NW #301 Washington DC 20004	Multi Candidate Committee	10/1/98	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Doctors Co. Federal PAC 185 Greenwood Rd. Wapa CA 94558	Multi Candidate Committee	10/1/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AAUA CCA PAC 222 S. Prospect Ave Park Ridge IL 60068	Multi Candidate Committee	10/1/98	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hospital Assn PAC 325 11th St. NW Washington DC 20004	Multi Candidate Committee	10/1/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Soc. of Thoracic Surgeons PAC 1200 19th St NW #300 Washington DC 20036	Multi Candidate Committee	10/1/98	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	

SUBTOTAL of Receipts This Page (optional)	23000.00
TOTAL This Period (last page this line number only)	23000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C00112721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy R. or Edward Kutler 10405 Treetop Circle Columbia MD 21045	HIAA	10/1/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > 6 300.00	
B. Full Name, Mailing Address and ZIP Code David Jones 500 W. Main St. Louisville Ky 40202	Name of Employer Charmen Humana, Inc	Date (month, day, year) 10/14/98	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > 8 2000.00	
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)

2300.00

TOTAL This Period (last page this line number only)

2300.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10/19/98
<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	
 Q.A.O. PREPARER	 10/24/98 DATE PREPARED

60254-1000 1-98 10/19/98