



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Ladonna Dodge, Treasurer
Congressional Majority Committee
555 13th Street #500 West
Washington, DC 20004

Identification Number: C00117721

MAR 8 2000

Reference: Year End Report (7/1/99-12/31/99)

Dear Ms. Dodge:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

CONGRESSIONAL MAJORITY COMMITTEE

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Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-Your report discloses activity that falls outside the reporting period. Please amend this report by including only the financial transactions that occurred between 7/1/99 and 12/31/99. Any activity occurring outside this reporting period should be included in the appropriate report(s). 2 U.S.C. §434(b)

-Your report discloses a returned contribution(s) from a federal candidate totalling \$2,000 on Schedule A supporting Line 16 of the Detailed Summary Page. If the check written by your committee was not cashed, you should itemize the voided check on Schedule B supporting Line 23 as a negative entry. Line 16 should be used if the recipient committee cashed your check and wrote a refund on its account. Please amend your report to correct this discrepancy or provide clarification regarding this transaction.

-Your report discloses what appears to be an in-kind contribution made on behalf of Bush, a federal candidate (pertinent portion(s) attached). The original payments for the goods and services have been disbursed to Media Post, itemized as an operating expenditure and included in the total for Line 21 of the Detailed Summary Page.

If the transaction in question is an in-kind contribution, please note that the amount of such activity should be subtracted from Line 21 and added to Line 23 of the Detailed Summary Page. This method of reporting would clarify for the public record the total amount of contributions to federal candidates (including in-kind contributions) by reflecting them on Line 23 of the Detailed Summary Page. However, if this expenditure is not an in-kind contribution, please clarify the nature of the transaction.

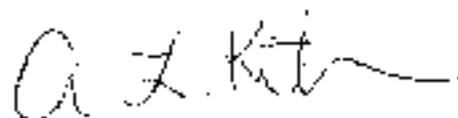
CONGRESSIONAL MAJORITY COMMITTEE

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-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Operating expenditures should be properly disclosed on a separate Schedule B, supporting Line 21(b) of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Antoinette Kitchen
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)

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 Northwest 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 Dor & 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 K St NW #800 Washington D.C. 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	

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SUBTOTAL of Receipts This Page (optional) 24500.00
 TOTAL This Period (last page this line number only) 24500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (No P.O.)

Congressional Majority Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pacificare PAC 3120 Lake Center Dr. P.O. Box 25184 Santa Ana, Ca 92799 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 5000. ⁰⁰	6/28/99	5000. ⁰⁰
Sierra Health Services DAC 2724 North Tenaya Way Las Vegas, NV 89128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Multi-Candidate PAC Occupation: Aggregate Year-to-Date > \$ 5000. ⁰⁰	6/22/99	5000. ⁰⁰
Pricewaterhouse Coopers PAC 1900 K St. N.W. Washington, D.C. 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Multicandidate Committee Occupation: Aggregate Year-to-Date > \$ 5000. ⁰⁰	8/05/99	5000. ⁰⁰
Apria Healthcare PAC 3500 Hyland Ave. Costa Mesa, Ca 92626 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 1000. ⁰⁰	9/28/99	1000. ⁰⁰
Healthsouth Rehabilitation PAC Two Perimeter Park South Birmingham, AL 35243 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 10,000. ⁰⁰	7/20/99	10,000. ⁰⁰
Physical Therapy PAC 1111 N. Fairfax St. Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 10,000. ⁰⁰	6/21/99	5000. ⁰⁰
Foundation Health Systems Inc. PAC 21050 Oxnard St. Woodland Hills, CA 91367 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 5000. ⁰⁰	6/30/99	5000. ⁰⁰

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SUBTOTAL of Receipts This Page (optional)

36,000.⁰⁰

TOTAL This Period (last page sets line number only)

36,000.⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **3**
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)

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 type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Dec. 12/23/99	2000. ⁰⁰
B. Full Name, Mailing Address and ZIP Code U.S. Bank National Association P.O. Box 6301 Fargo, ND 58125-6301	Air Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/99	1265. ⁹²
C. Full Name, Mailing Address and ZIP Code U.S. Bank National Association ND P.O. Box 6301 Fargo, ND 58125-6301	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/99	572. ⁴⁶
D. Full Name, Mailing Address and ZIP Code Chase Mastercard P.O. Box 52041 Phoenix, AZ 85072	Airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/99	208. ⁰⁰
E. Full Name, Mailing Address and ZIP Code Western Pacific Research 4100 Truckun Ave. #210 Bakersfield, Ca 93309	Website Creation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20/99	1130. ⁶⁹
F. Full Name, Mailing Address and ZIP Code HealthSouth One HealthSouth Parkway Birmingham, AL 35243	Airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/99	1068. ⁹⁰
G. Full Name, Mailing Address and ZIP Code O'Melveny & Myers LLP 555 13th St., N.W. Suite 500 Washington, D.C. 20004-1109	Support Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/99	253. ²²
H. Full Name, Mailing Address and ZIP Code U.S. National Bank Assn. ND P.O. Box 6301 Fargo, ND 58125-6301	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/99	1188. ¹⁴
I. Full Name, Mailing Address and ZIP Code Media Post 903 H. St. #150 Bakersfield, Ca 93304	Bush media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/99	403. ⁴³

8089.⁵¹

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (all pages this line number only)

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses, income, and any other financial activity that affects the company's balance sheet.

Next, the document outlines the various methods used to collect and analyze data. It mentions the use of spreadsheets, databases, and specialized software to organize large amounts of information. The goal is to create a clear and concise picture of the company's financial health, allowing management to make informed decisions based on the data.

The document also addresses the challenges of data collection and analysis. It notes that incomplete or inaccurate data can lead to misleading conclusions. Therefore, it is crucial to establish a system of checks and balances to ensure the reliability of the information. Regular audits and reviews are recommended to identify and correct any errors or discrepancies.

In conclusion, the document stresses the importance of a systematic and transparent approach to financial reporting. By following these guidelines, companies can ensure that their financial statements are accurate, reliable, and useful for all stakeholders. This not only helps in building trust with investors and creditors but also provides valuable insights into the company's performance and future prospects.