

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 30 2 58 PM '97

1. NAME OF COMMITTEE (in full) Republican Majority Fund		2. FEC IDENTIFICATION NUMBER C00296640
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported 1155 21st Street, NW, Suite 300		
CITY, STATE and ZIP CODE Washington, DC 20036	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)	

4. TYPE OF REPORT

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

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

Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on _____
in the State of _____

Termination Report

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/97</u> through <u>06/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 175,562.22
(b) Cash on Hand at Beginning of Reporting Period	\$ 175,562.22	
(c) Total Receipts (from line 18)	\$ 80,000.00	\$ 80,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 255,562.22	\$ 255,562.22
7. Total Disbursements (from Line 30)	\$ 70,281.69	\$ 70,281.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 185,280.53	\$ 185,280.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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 Barbara W. Bonfiglio, Asst. Treasurer		
Signature of Treasurer <i>Barbara W. Bonfiglio</i>		Date 7/30/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Republican Majority Fund	FROM: 01/01/97	TO: 06/30/97
	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)	25,750.00	25,750.00
ii. Unitemized	0.00	0.00
iii. Total (add i and ii) >	25,750.00	25,750.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	54,250.00	54,250.00
d. Total Contributions (add aiii, b and c) >	80,000.00	80,000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	80,000.00	80,000.00
20. Total Federal Receipts (subtract line 18 from line 19) >	80,000.00	80,000.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	40,281.69	40,281.69
c. Total Operating Expenditures (Add ai, aii, and b) >	40,281.69	40,281.69
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	27,500.00	27,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a, b, and c) >	0.00	0.00
29. Other Disbursements	2,500.00	2,500.00
30. Total Disbursements (Add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	70,281.69	70,281.69
31. Total Federal Disbursements (subtract line 21 all from line 30) >	70,281.69	70,281.69
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) from line 11d	80,000.00	80,000.00
33. Total Contribution Refunds (from line 29d)	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32)	80,000.00	80,000.00
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	40,281.69	40,281.69
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	40,281.69	40,281.69

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

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)
Republican Majority Fund

<p>A. Full Name, Mailing Address and Zip Code J.D. Williams 1155 21st Street, NW Washington, DC 20036</p>	<p>Name of Employer Williams & Jensen, PC</p> <p>Occupation Attorney</p>	<p>Date (Month day, Year) 02/05/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Eric Hanson 1055 N. Fairfax Street, #201 Alexandria, VA 22314</p>	<p>Name of Employer U.S. Strategies Corp.</p> <p>Occupation Chairman & CEO</p>	<p>Date (Month day, Year) 02/05/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Herbert Collas 3 Edgemoore Road Gloucester, MA 01930</p>	<p>Name of Employer Boston Capital Partners</p> <p>Occupation Business Executive</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Ben Frizzell 1624 King College Road Bristol, TN 37620</p>	<p>Name of Employer Frizzell Construction Co.</p> <p>Occupation Owner</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>E. Full Name, Mailing Address and Zip Code George Gillard 7529 E. 65th Street Tulsa, OK 74133</p>	<p>Name of Employer Platt College Inc.</p> <p>Occupation President</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Peter Madigan 903 Vicar Lane Alexandria, VA 22032</p>	<p>Name of Employer Boland & Madigan</p> <p>Occupation Consultant</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 2,000.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Arthur Mason 47 West Lenox Street Chevy Chase, MD 20815</p>	<p>Name of Employer Cassidy & Associates, Inc.</p> <p>Occupation Consultant</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>19,250.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
Republican Majority Fund

A. Full Name, Mailing Address and Zip Code Jack McCarthy 10664 S. 66th E. Avenue Tulsa, OK 74133	Name of Employer Williams Companies Occupation Chief Financial Officer	Date (Month day, Year) 04/30/97	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,500.00		
B. Full Name, Mailing Address and Zip Code Joe Robson 6565 S. Timber Lane Tulsa, OK 74136	Name of Employer The Robson Companies Inc. Occupation President	Date (Month day, Year) 04/30/97	Amount of Each Receipt this Period 3,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,500.00		
C. Full Name, Mailing Address and Zip Code Nicholas Calio 3701 McKinley Street, NW Washington, DC 20015	Name of Employer O'Brien & Calio Occupation Attorney	Date (Month day, Year) 05/23/97	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional).....>			6,500.00
TOTAL this Period (Last page this line number only).....>			25,750.00

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)
Republican Majority Fund

A. Full Name, Mailing Address and Zip Code Security Life PAC 1920 Broadway, 17th floor Denver, CO 80203	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	02/05/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
B. Full Name, Mailing Address and Zip Code APSPAC 400 N. 5th Street Phoenix, AZ 85004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		3,500.00
C. Full Name, Mailing Address and Zip Code American Portland Cement Alliance PAC 1225 Eye Street, NW, Suite 300 Washington, DC 20005	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		2,500.00
D. Full Name, Mailing Address and Zip Code Anheuser-Busch PAC 1776 I Street, NW, Suite 200 Washington, DC 20006	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		3,500.00
E. Full Name, Mailing Address and Zip Code CARE PAC 1310 G Street, NW Washington, DC 20005	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		3,500.00
F. Full Name, Mailing Address and Zip Code MMI Companies, Inc. PAC 540 Lake Cook Road Deerfield, IL 60015	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
G. Full Name, Mailing Address and Zip Code National Asso. of Convenience Stores PAC 1605 King Street Alexandria, VA 22314	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		5,000.00

SUB TOTAL of Receipts This Page (Optional).....> 19,500.00

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

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)
Republican Majority Fund

<p>A. Full Name, Mailing Address and Zip Code Public Securities Assn. PAC 1445 New York Ave., NW, #800 Washington, DC 20005</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 1,750.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,750.00</p>		
<p>B. Full Name, Mailing Address and Zip Code RJR PAC P.O. Box 718 Winston-Salem, NC 27102</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 3,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 3,500.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Ryder Employees PAC 3600 N.W. 82nd Ave. Miami, FL 33166</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 3,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 3,500.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Swisher PAC 459 E. 16th Street Jacksonville, FL 32206</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 3,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 3,500.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Television & Radio PAC 1771 N. Street, NW Washington, DC 20036</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>F. Full Name, Mailing Address and Zip Code The Williams Companies PAC One Williams Center Tulsa, OK 74103</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 2,000.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Union Pacific Fund PAC 555 13th Street, NW, 3450W Washington, DC 20004</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/30/97</p>	<p>Amount of Each Receipt this Period 3,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 3,500.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>22,750.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
Republican Majority Fund

A. Full Name, Mailing Address and Zip Code AT&T PAC 32 Avenue of the Americans New York, NY 10013	Name of Employer Occupation	Date (Month day, Year) 05/23/97	Amount of Each Receipt this Period 3,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,500.00		
B. Full Name, Mailing Address and Zip Code American Council of Life Insurance PAC 1001 Pennsylvania Ave., NW Washington, DC 20004	Name of Employer Occupation	Date (Month day, Year) 05/23/97	Amount of Each Receipt this Period 3,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,500.00		
C. Full Name, Mailing Address and Zip Code US Team PAC 100 West Putnam Ave. Greenwich, CT 06830	Name of Employer Occupation	Date (Month day, Year) 05/23/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 5,000.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	12,000.00
TOTAL this Period (Last page this line number only).....>	54,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 21B

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 committees.

NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Chase Visa P.O. Box 15583 Wilmington, DE 19886-1194	lodging exps-Golf Tournament Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/29/97	927.98
B. Full Name, Mailing Address and Zip Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	Purpose of Disbursement Credit card charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/24/97	10,239.06
C. Full Name, Mailing Address and Zip Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	Purpose of Disbursement credit card charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	05/23/97	2,245.45
D. Full Name, Mailing Address and Zip Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	Purpose of Disbursement travel exp.-airfare -US Air Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	06/19/97	49.00
E. Full Name, Mailing Address and Zip Code Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	Purpose of Disbursement Fundraising Event - Doris Golf Tournament Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	06/28/97	7,940.15
F. Full Name, Mailing Address and Zip Code Washington Golf Center 21722 Eye Street, NW Washington, DC 20006	Purpose of Disbursement fundr. exp. - tournament prizes Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	02/13/97	1,854.65
G. Full Name, Mailing Address and Zip Code Rachel Pearson 545 East Braddock Road #308 Alexandria, VA 22314	Purpose of Disbursement Consulting fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	02/02/97	2,500.00
H. Full Name, Mailing Address and Zip Code Rachel Pearson 545 East Braddock Road #308 Alexandria, VA 22314	Purpose of Disbursement Consulting fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/18/97	2,500.00
I. Full Name, Mailing Address and Zip Code Rachel Pearson 545 East Braddock Road #308 Alexandria, VA 22314	Purpose of Disbursement reimb. travel exps. Florida trip Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/18/97	1,004.00
SUB TOTAL of Disbursements this page (Optional).....>			29,260.29
TOTAL this Period (Last page this line number only).....>			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 21B

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)
Republican Majority Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rachel Pearson 545 East Braddock Road #308 Alexandria, VA 22314	Consulting fees (March & April) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	05/06/97	5,000.00
U.S. Postmaster Washington, DC	postage expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	06/26/97	504.00
Pepsi-Cola 3900 Penn Belt Place Forestville, MD 20747	beverages Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/15/97	80.00
Pepsi-Cola 3900 Penn Belt Place Forestville, MD 20747	beverages Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	05/06/97	80.00
Pepsi-Cola 3900 Penn Belt Place Forestville, MD 20747	beverages Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	06/17/97	72.00
Doral 4400 NW 87th Ave., Miami, FL 33178-9192	Fundr. exp. - tournament fee Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	01/26/97	3,500.00
Atlantic Business Systems 4900 Leesburg Pike, Suite 403 Alexandria, VA 22302	operating exp. - copier maintenance Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/10/97	274.93
Williamsburg Inn P.O. Box 1776 Williamsburg, VA 223187-176	lodging Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	06/15/97	423.16
Williamsburg Inn P.O. Box 1776 Williamsburg, VA 223187-176	lodging Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	06/15/97	301.64
SUB TOTAL of Disbursements this page (Optional).....>			10,235.73
TOTAL this Period (Last page this line number only).....>			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 21B

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)
Republican Majority Fund

A. Full Name, Mailing Address and Zip Code Williamsburg Inn P.O. Box 1776 Williamsburg, VA 223187-176	Purpose of Disbursement lodging Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 06/15/97	Amount of Each Disb. this Period 301.64
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> 301.64

TOTAL this Period (last page this line number only).....> 39,797.66

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
 Republican Majority Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Brownback for Senate Committee P.O. Box 20008 Topeka, KS 66601	Sam Brownback, U.S. SENATE KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/18/97	5,000.00
B. Full Name, Mailing Address and Zip Code Citizens for Bunning 1717 Dixie Highway, Suite 180 Ft. Wright, KY 41011	Jim Bunning, U.S. HOUSE 4th KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/21/97	5,000.00
C. Full Name, Mailing Address and Zip Code Campbell Victory Fund P.O. Box 480166 Denver, CO 80248	Den Nighthorse Campbell, U.S. SENATE CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	01/07/97	5,000.00
D. Full Name, Mailing Address and Zip Code Friends of Charlie Crist P.O. Box 391 St. Petersburg, FL 33731	Charlie Crist, U.S. SENATE FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/09/97	2,500.00
E. Full Name, Mailing Address and Zip Code Kempthorne for Senate P.O. Box 1866 Boise, ID 83701	Dirk Kempthorne, U.S. SENATE ID Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/18/97	5,000.00
F. Full Name, Mailing Address and Zip Code Shelby for U.S. Senate P.O. Box 1091 Tuscaloosa, AL 35403	Richard C. Shelby, U.S. SENATE AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/23/97	5,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
SUB TOTAL of Disbursements this page (Optional).....>			27,500.00
TOTAL this Period (Last page this line number only).....>			27,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
 Republican Majority Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Gilmore 97 P.O. Box 18071 Richmond, VA 23226	VA - Governor's race Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	05/22/97	2,500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	2,500.00
TOTAL this Period (Last page this line number only).....>	2,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **2**
FOR LINE NUMBER **21b**

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)

Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sunoco Gas Station Revere, MA	gas Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/03/97	*15.93 *memo-payment made by credit card
B. Full Name, Mailing Address and ZIP Code Delta Airlines 1605 K Street, NW Washington, DC	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/18/97	*966.00 *memo-payment made by credit card
C. Full Name, Mailing Address and ZIP Code American Airlines 5109 Leesburg Pike, Ste. 200 Leesburg Pike, VA 22041	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/14/97	*227.82 *memo-payment made by credit card
D. Full Name, Mailing Address and ZIP Code United Air P.O. Box 36611 Dallas, TX 75235-1611	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/13/97 04/18/97	*1,718.82 *112.00
E. Full Name, Mailing Address and ZIP Code United Air same as above	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/19/97	*49.00 *memo-payments made by credit card
F. Full Name, Mailing Address and ZIP Code TWA Airline 1601 K Street, NW Washington, DC 20036	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/14/97	*596.00 *memo-payment made by credit card
G. Full Name, Mailing Address and ZIP Code USAir Washington National Airport Washington, DC	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/14/97	*883.00 *memo-payment made by credit card
H. Full Name, Mailing Address and ZIP Code Alaska Air 6033 West Century Blvd, Ste. 560 Los Angeles, CA 90045	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/12/97	*1,339.00 *memo-payment made by credit card
I. Full Name, Mailing Address and ZIP Code Northwest Airlines 16th & K St., NW Washington, DC 20036	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/12/97	*1,097.82 *memo-payment made by credit card

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
2	2
FOR LINE NUMBER	
21b	

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)

Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe's Stone Crab Restaurant 227 Biscayne St. Miami Beach, FL 33139	dinner expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/18/97 02/18/97 *memo-	*2,739.16 *424.67 payment made by credit card
B. Full Name, Mailing Address and ZIP Code Doral Resort & Spa 4400 NW 87th Ave. Miami, FL 33178-9192	Purpose of Disbursement fundraising exp. lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/19/97	Amount of Each Disbursement This Period *520.88 *memo-payment made by credit card
C. Full Name, Mailing Address and ZIP Code Doral Resort & Spa same as above	Purpose of Disbursement lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/06/97	Amount of Each Disbursement This Period *691.89 *memo-payment made by credit card
D. Full Name, Mailing Address and ZIP Code Doral Resort & Spa same as above	Purpose of Disbursement lodging, meals, etc. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/28/97	Amount of Each Disbursement This Period *7,940.15 *memo-payment made by credit card
E. Full Name, Mailing Address and ZIP Code The Bedford Village Inn 2 Village Inn Lane Bedford, NH 03110	Purpose of Disbursement lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/03/97	Amount of Each Disbursement This Period *1,033.82 *memo-payment made by credit card
F. Full Name, Mailing Address and ZIP Code Wayfarer Inn 121 S. River Road Bedford, NH 03110	Purpose of Disbursement lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/04/97	Amount of Each Disbursement This Period *117.70 *memo-payment made by credit card
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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.

Hand Delivered

DATE OF RECEIPT

7-31-97

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SES

PREPARER

7-31-97

DATE PREPARED