

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

JAN 3 2 44 PM '01

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>Congressional Majority Committee</i>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>555 13th St # 500 West</i>	2. FEC IDENTIFICATION NUMBER <i>C00117721</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 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:
 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</i> through <i>9-30-00</i>		
6. (a) Cash on Hand January 1, 19____		\$ <i>99367.63</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>292745.39</i>
7. Total Disbursements (from Line 20)	\$ <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>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer <i>LaDonna J Dodge</i>	Date
Signature of Treasurer <i>LaDonna J Dodge</i>	<i>12-28-00</i>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §137g.

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>Congressional Majority Committee</i>	REPORT COVERING PERIOD FROM <i>7-1-00</i> TO <i>9-30-00</i>	
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)	<i>24350.00</i>	<i>78250.00</i>
ii. Unitemized	<i>15080.00</i>	<i>24605.00</i>
iii. Total (add i and ii) >	<i>39430.00</i>	<i>102855.00</i>
b. Political Party Committees		
c. Other Political Committees (such as PACs)	<i>33100.00</i>	<i>79522.75</i>
d. Total Contributions (add a iii, b and c) >	<i>72530.00</i>	<i>182377.76</i>
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		<i>1000.00</i>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>72530.00</i>	<i>183377.76</i>
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>72530.00</i>	<i>183377.76</i>
II Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	<i>26932.86</i>	<i>67513.61</i>
c. Total Operating Expenditures (add a i, a ii, and b) >	<i>26932.86</i>	<i>67513.61</i>
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		<i>132000.00</i>
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		<i>1000.00</i>
b. Political Party Committees		
c. Other Political Committees (such as PACs)		<i>5000.00</i>
d. Total Contribution Refunds (add a, b and c) >		<i>6000.00</i>
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>26932.86</i>	<i>205513.61</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>26932.86</i>	<i>205513.61</i>
III Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	<i>72530.00</i>	<i>182377.76</i>
33. Total Contribution Refunds (from line 28d)		<i>6000.00</i>
34. Net Contributions (other than loans) (subtract line 33 from 32)	<i>72530.00</i>	<i>176377.76</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>26932.86</i>	<i>67513.61</i>
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	<i>26932.86</i>	<i>67513.61</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 12
FOR LINE NUMBER 1101

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
Michael Lam MD 23600 Camino Hermoso Los Altos Hills, Ca 94024	Self	7/14/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Warren Schweitzer 30 Why Worry Ln. Woodside, Ca 94062	Self	7/14/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$ 400	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas H. Cromwell, MD 59 Peninsula Rd. Belvedere, Ca 94920	Self	7/6/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven D. Goldfien, MD 60 Marcela Ave. San Francisco, Ca 94116	Self	7/4/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael J. Murray 3308 Fox Hollow Ln SW Rochester, MN 55902	Self	7/5/00	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert L. Snyder 2367 Deer Valley Road Midland, MI 48640	Self	7/1/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas A. Joas, MD 3624 Ruffin Road San Diego, Ca 92123	Self	7/3/00	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$ 1000	

BLISTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

6550.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 1101

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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
John D. Wilkinson 22222 Neff Road Bend OR 97701	self M.D.	7/1/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel J. Cole 1643 E Highland Ave. Redlands, Ca 92374	self M.D.	7/8/00	1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph P. McGee MOTTIE 1290 DANA AVE. Palo Alto, Ca 94301	self M.D.	7/6/00	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
B. Lawrence Sullivan, JR. M.D. 1345 Webster St. Palo Alto, Ca 94301	self M.D.	7/14/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

