

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2003 OCT 17 A 3:34

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Congressional Majority Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 555 13th St #500 West	
CITY, STATE and ZIP CODE Washington D.C. 20004-1109	
2. FEC IDENTIFICATION NUMBER 000117721	
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 7-1-00 through 9-30-00		
6. (a) Cash on Hand January 1, 19_____		\$ 99367.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 25684.64	
(c) Total Receipts (from Line 10)	\$ 51405.00	\$ 190302.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 77089.64	\$ 255670.39
7. Total Disbursements (from Line 30)	\$ 26932.86	\$ 205513.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 50156.78	\$ 50156.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 1000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-694-1100

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
Laborna J Dodge

Signature of Treasurer
Laborna J Dodge

Date
10-13-00

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 9/99)

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

(revised 1/1/81)

NAME OF COMMITTEE <i>Congressional Majority Committee</i> <i>00017721</i>		REPORT COVERING PERIOD FROM <i>7-1-00</i> TO <i>9-30-00</i>	
		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)		<i>17800.00</i>	<i>65750.00</i>
ii. Unitemized		<i>505.00</i>	<i>10030.00</i>
iii. Total (add i and ii) >		<i>18305.00</i>	<i>75780.00</i>
b. Political Party Committees		<i>33100.00</i>	<i>79522.76</i>
c. Other Political Committees (such as PACs)		<i>51405.00</i>	<i>755302.76</i>
d. Total Contributions (add a ii, b and c) >			
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			<i>1000.00</i>
14. Loan Repayments Received			
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		<i>61405.00</i>	<i>756302.76</i>
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>51405.00</i>	<i>156302.76</i>
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		<i>26932.86</i>	<i>67513.61</i>
b. Other Federal Operating Expenditures		<i>26932.86</i>	<i>67513.61</i>
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			<i>132000.00</i>
23. Contributions to Federal Candidates/Committees and Other Political Committees			
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:			<i>1000.00</i>
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			<i>5000.00</i>
c. Other Political Committees (such as PACs)			<i>6000.00</i>
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		<i>26932.86</i>	<i>205513.61</i>
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) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		<i>51405.00</i>	<i>156302.76</i>
33. Total Contribution Refunds (from line 28d)			<i>6000.00</i>
34. Net Contributions (other than loans)(subtract line 33 from 32)		<i>51405.00</i>	<i>150302.76</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)		<i>0</i>	<i>0</i>
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 2
FOR LINE NUMBER 11c

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
Merrill Lynch PAC 1455 Pennsylvania Ave NW # 950 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 > \$	
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 325 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 > \$	
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 > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rieff PAC Real Estate Investment Trusts 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 > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marsik PAC 601 Pennsylvania Ave NW P. Bldg #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 > \$	
F. 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		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 > \$	
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 #245 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 > \$	

SUBTOTAL of Receipts This Page (optional)

25000.⁰⁰

TOTAL This Period (last page this line number only)

33100.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) 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

00017721

A. Full Name, Mailing Address and ZIP Code
 American Hospital Assn.
 325 7th St NW
 Washington D.C. 20004

Name of Employer
 Occupation
 Aggregate Year-to-Date > \$

Date (month, day, year)
 7/20/00

Amount of Each Receipt This Period
 1000.⁰⁰

Receipt For: Primary General Other (specify):

B. Full Name, Mailing Address and ZIP Code
 American Ambulance Assn
 1255 23rd St NW
 Washington DC 20037

Name of Employer
 Occupation
 Aggregate Year-to-Date > \$

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

Amount of Each Receipt This Period
 1000.⁰⁰

Receipt For: Primary General Other (specify):

C. Full Name, Mailing Address and ZIP Code
 Lockridge, Leland Waver
 100 Washington Ave S. #2200
 Minneapolis MN 55401

Name of Employer
 Occupation
 Aggregate Year-to-Date > \$

Date (month, day, year)
 8/10/00

Amount of Each Receipt This Period
 100.⁰⁰

Receipt For: Primary General Other (specify):

D. Full Name, Mailing Address and ZIP Code
 United Healthcare Sup PAC
 9900 Bran Rd
 Minnetonka MN 55343

Name of Employer
 Occupation
 Aggregate Year-to-Date > \$

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

Amount of Each Receipt This Period
 1000.⁰⁰

Receipt For: Primary General Other (specify):

E. Full Name, Mailing Address and ZIP Code
 The Blood Ubbelone PAC
 5 Moore Dr. 27709
 Research Triangle Park NC

Name of Employer
 Occupation
 Aggregate Year-to-Date > \$

Date (month, day, year)
 9/7/00

Amount of Each Receipt This Period
 5000.⁰⁰

Receipt For: Primary General Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer
 Occupation
 Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt This Period

Receipt For: Primary General Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer
 Occupation
 Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt This Period

Receipt For: Primary General Other (specify):

SUBTOTAL of Receipts This Page (optional)

8100.⁰⁰

TOTAL This Period (last page this line number only)

38100.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 17
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)		COD117721		
<p>A. Full Name, Mailing Address and ZIP Code Bradley A Richards M.D. 41031 Irish Hills Dr #12 South Bend IN 46614</p>		<p>Name of Employer self</p>	<p>Date (month, day, year) 7/5/00</p>	<p>Amount of Each Receipt this Period 200.⁰⁰</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation M.D.</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>B. Full Name, Mailing Address and ZIP Code Lansing Farming Co. P.O. Box 1056 Helton CA 93234</p>		<p>Name of Employer General Partnership</p>	<p>Date (month, day, year) 9/27/00</p>	<p>Amount of Each Receipt this Period 1000.⁰⁰ (See Memo)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>C. Full Name, Mailing Address and ZIP Code Stuart P Woolf 317 W. Wilson Fresno CA</p>		<p>Name of Employer partner Lansing Farming</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period 166.⁶⁷ (See Memo)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code Michael T. Woolf 7031 N. Van Ness Fresno CA 93711</p>		<p>Name of Employer Lansing Farming Co</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period 166.⁶⁷ (See Memo)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation partner</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code John L. Woolf III 4335 N. Van Ness Blvd Fresno CA 93704</p>		<p>Name of Employer Lansing Farming Co.</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period 166.⁶⁷ (See Memo)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation partner</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code Christopher F. Woolf 3937 W. Wilson Fresno CA 93704</p>		<p>Name of Employer Lansing Farming Co.</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period 166.⁶⁷ (See Memo)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation partner</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code Anne Woolf Frazer 4451 W. Wilson Ave Fresno CA 93704</p>		<p>Name of Employer Lansing Farming Co.</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period 166.⁶⁷ (See Memo)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation partner</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>SUBTOTAL of Receipts This Page (optional)</p>				<p>1200.⁰⁰</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

PAGE 2 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
Wandy Wouff Roberts 120 Long Lots Rd. Westport CT 06880	Lausing Farming Co Occupation Contractor		166. ⁶⁵ (see Trans)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5		
B. Full Name, Mailing Address and ZIP Code Leonardo A. Patron M.D. 6621 Robin Hood Dr. Indianapolis IN 46227	self Occupation M.D.	7/16/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Douglas J. Dohy M.D. 1516 Cobblestone Dr. Burling Green OH 43402	self Occupation M.D.	7/3/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Rental Wharton M.D. 7501 W. First Apt #101 Fresno CA 93720	self Occupation M.D.	7/16/00	100. ⁰⁰
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 Norman Lwin M.D. 10910 Baywood Ct Los Angeles CA 90077	self Occupation M.D.	7/1/00	100. ⁰⁰
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 R. Rajasekaran M.D. P.O. Box 16309 Fresno CA 93755	self Occupation M.D.	7/1/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3		
G. Full Name, Mailing Address and ZIP Code Virgil Anzola M.D. 3841 W Locust Fresno CA 93714	self Occupation M.D.	7/1/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5		

SUBTOTAL of Receipts This Page (optional) **600.⁰⁰**

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 **3** OF **17**
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

CO0167721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Newton Seidan M.D. 2350 Holland Ave Louis CA 93611	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 > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stavros B. Uoora M.D. 1270 Jameston Dr Folsom CA 93720	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 > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Koo Kim M.D. 9509 Woodford Rd. Folsom CA 95654	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 > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas E. Collette M.D. 5201 N. Knoxville Ave # 49 Peoria IL 61614	Self	7/21/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hademukh G. Joshi MD 1745 Greenborough Rd San Diego CA 91773	Self	7/11/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	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
Perry G. Wylstrom MD 408 Dunigan Dr. Vandalia OH 45377	Self	7/11/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Ferraro M.D. 3530 Milburn St San Jose CA 95148	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 > \$	

SUBTOTAL of Receipts This Page (optional)

100.⁰⁰

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 4 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
Robert M. Timmerman M.D. 201 7th Ave S. Edmonds WA 98022	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 > 3	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Laird M.D. P.O. Box 778 Las Vegas NV 89125	self	2/1/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > 8	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Lau M.D. 6841 Beaver Creek Ln Lincoln NE 68516	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 > 8	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dilford 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 > 8	
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 Fresno CA 93720	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 > 8	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Bantam M.D. 1907 Easton Dr Burlingame CA 94010	self	7/1/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > 8	
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. 2456 Amanda Lakes Dr. 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 > 8	

SUBTOTAL of Receipts This Page (optional)

950.⁰⁰

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 **5** 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 **C00117221**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary L. Marokis MD 424 S Pennsylvania St. Denver Co 80209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: M.D. Aggregate Year-to-Date > \$	2/4/00	100. ⁰⁰
Elizabeth S. Bussard MD 127 Old York Rd Ringoes NJ 08551 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: M.D. Aggregate Year-to-Date > \$	7/1/00	100. ⁰⁰
Daphne L. Steer M.D. 10710 W 123rd St Overland Park KS 66123 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: M.D. Aggregate Year-to-Date > \$	2/4/00	100. ⁰⁰
Tetsu Ikejima MD 226 S. Grove Ave Oak Park IL 60302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: M.D. Aggregate Year-to-Date > \$	7/4/00	250. ⁰⁰
David A. Cipolla M.D. 10012 Charlemont Dr Las Vegas NV 89134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: M.D. Aggregate Year-to-Date > \$	7/3/00	100. ⁰⁰
John Sondrell MD 2025 Turnwood Ct Brookfield WI 53045 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: M.D. Aggregate Year-to-Date > \$	7/2/00	100. ⁰⁰
Mary Beth Calder M.D. 209 Eschelbinger St. Hanover PA 17331 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: M.D. Aggregate Year-to-Date > \$	7/4/00	100. ⁰⁰

SUBTOTAL of Receipts This Page (optional)

850.⁰⁰

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 **6** 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** **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. H Windy Hill Ct. Sunfish Lake MN 55077	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 > \$	
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 > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Diane Ahlers M.D. 2109 Sugar Woods Dr Orono MN 55376	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 > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Miriam Bayer M.D. 5211 Troon 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 > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nechal Wood M.D. 6072 Memorial Hwy Rochester MN 55902	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 > \$	
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 > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joel S. Boice MD 910 Brockton 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 > \$	

SUBTOTAL of Receipts This Page (optional) **850.⁰⁰**

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 7 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 00012721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence J. Bertram 11457 Walkers Way Eden Prairie MN 55347	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 > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jennifer Wirock Bretinger 1725 Emerson Ave S. Minneapolis MN 55403	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 > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard C. Bauer 5209 Ridge Rd Edina MN 55436	Self	8/16/00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Casey info requested	Self	8/16/00	150. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation WRO	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
Jack W Carlson 10219 Scarborough Rd Bloomington MN 55437	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 > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR O'Brien J. Doyle 12893 Floral Ave Apple Valley MN 55724	Self	8/11/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven C. Dondinger 5573 Knoll Dr Edina MN 55436	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 > \$	

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 Detailed Summary Page

PAGE 8 OF 7
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 00017721

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 > \$	
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 > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William E. Frenzel 6310 Stoneham Ln McLean VA 22101	self	8/4/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph G. Vrsich 16501 Gladys Ln Minnetonka MN 55345	self	8/11/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James M. Fox 12355 - 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 > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Haglund 4330 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 > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Y. Gundricks 2765 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 > \$	

SUBTOTAL of Receipts This Page (optional) 1250.⁰⁰

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

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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 committees.

NAME OF COMMITTEE (In Full)

Congressional Majority Committee 00117721

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 FDR Wood Ln Edina MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation M.D. Aggregate Year-to-Date > \$	8/11/00	250. ⁰⁰
B. Full Name, Mailing Address and ZIP Code Bonnie Atkins-Finke 262 City Rd Medina MN 55391 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation MD Aggregate Year-to-Date > \$	8/11/00	100. ⁰⁰
C. Full Name, Mailing Address and ZIP Code Lynn P. Gruber 1417 La Salle Ave Worzena MN 55391 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Lawyer Aggregate Year-to-Date > \$	8/11/00	100. ⁰⁰
D. Full Name, Mailing Address and ZIP Code 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):	Self Occupation MD Aggregate Year-to-Date > \$	8/9/00	100. ⁰⁰
E. Full Name, Mailing Address and ZIP Code John A. Hill M.D. 5234 Green Farms Rd Edina MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation M.D. Aggregate Year-to-Date > \$	8/11/00	250. ⁰⁰
F. Full Name, Mailing Address and ZIP Code 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):	Self Occupation MD Aggregate Year-to-Date > \$	8/11/00	250. ⁰⁰
G. Full Name, Mailing Address and ZIP Code Thomas P. Stegler 3272 York Alcorn Woodbury MN 55125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation MD Aggregate Year-to-Date > \$	8/15/00	100. ⁰⁰

SUBTOTAL of Receipts This Page (optional)

1150.⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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 Humle 7651 Bush Lake Bloomington MN 55434	self Occupation 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 > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Howard 4370 Brook Ave S St Louis Park MN 55424	self Occupation 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 > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Hansen SR. 14260 Sioux Vista Dr E. Jordan MN 55352	self Occupation 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 > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jon W. Joseph 10210 Ridge Rd Chanhassen MN 55317	self Occupation 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 > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Yaks 27005 Noble Rd Shorewood MN 55331	self Occupation 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 > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Kuusisto 50 W Minnehaha Pkwy Minneapolis MN 55419	self Occupation Chiropractor	8/15/00	200. ⁰⁰
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
Peder Knutson 2722 Dean Pkwy Minneapolis MN 55416	self Occupation 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 > \$		

SUBTOTAL 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

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee

C0017721

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
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 47th Ave N Plymouth MN 55446	self	8/14/00	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
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas E. Lyons 2953 Dupont Ave S. Minneapolis MN 55409	self	8/14/00	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	8/11/00	250. ⁰⁰
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dinal Lee S. Mason 12108 Drowning Ct. Richmond VA 23233	self	8/10/00	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

GROTTOTAL 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 2 OF 17
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C0017721

A. Full Name, Mailing Address and ZIP Code
John H. Meredith Jr.
3685 Watertown Rd
Cromona MO 65357

Name of Employer
self
Occupation YMO

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

Amount of Each Receipt this Period
200.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

B. Full Name, Mailing Address and ZIP Code
Shelly M. Mitra
5523 Wingwood Ct
Minnetonka MN 55345

Name of Employer
self
Occupation M.D

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

Amount of Each Receipt this Period
100.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code
Tom Marica
9316 Palmer Rd
Bloomington MN 55437

Name of Employer
self
Occupation YMO

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

Amount of Each Receipt this Period
100.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code
John S. McClure
6217 Idylwood Ln
Edina MN 55436

Name of Employer
self
Occupation YMO

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

Amount of Each Receipt this Period
250.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code
William K. Maxwell
5437 Viking Point Rd
Minnetonka MN 55345

Name of Employer
self
Occupation YMO

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

Amount of Each Receipt this Period
100.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code
John Newcomb
2249 Garman Ave
St Paul MN 55105

Name of Employer
self
Occupation YMO

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

Amount of Each Receipt this Period
250.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code
Michael T. Nelson
1745 Bridgewater Rd
Golden Valley MN 55422

Name of Employer
self
Occupation YMO

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

Amount of Each Receipt this Period
200.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

1200.⁰⁰

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 **13** OF **17**
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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

CO0117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Charles R. Arch 555 N Mississippi Ave Blvd St Paul MN 55104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: UMD Aggregate Year-to-Date > \$	8/15/00	100. ⁰⁰
Bruce J. Ruben 4555 Phasant Ct Arbor MN 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 > \$	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: UMD Aggregate Year-to-Date > \$	8/10/00	100. ⁰⁰
Eric Swantlund 5780 Watton Oaks Rd Bloomington MN 55438 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: UMD Aggregate Year-to-Date > \$	8/10/00	250. ⁰⁰
Steven E. Swain 4945 Queen Ave South Minneapolis MN 55410 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: MD Aggregate Year-to-Date > \$	8/11/00	250. ⁰⁰
Mark Skubic 3648 Mt Vernon Ln Woodbury MN 55125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: UMD Aggregate Year-to-Date > \$	8/10/00	200. ⁰⁰
Mark Skubic 3648 Mt Vernon Ln Woodbury MN 55129 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: UMD Aggregate Year-to-Date > \$	8/10/00	100. ⁰⁰

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1100.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 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 C00117721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Dolter 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 > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wendie Peterson 110 W Center Rushford MN 55971	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 > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bradley Peterson 2764 Glen Parkway Minneapolis MN 55416	self	8/11/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	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
Elizabeth Payne 400 Sycamore 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 > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Prenznek 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 > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Flemer 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 > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt 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 > \$	

SUBTOTAL of Receipts This Page (optional)

1000.⁰⁰

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

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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
Allen Tank 3395 Shadyview Ln Plymouth MN 55447	self	8/16/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nicole Valentine 2808 Irving Ave S Minneapolis MN 55408	self	8/16/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fredrick B. Wells 630 E Indian Mound Wayzata MN 55391	self	8/16/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	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
David J. Kashner 2634 Crosby Rd Wayzata Mn 55391	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 > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Baten 5208 Ridge Rd Edina mn 55436	self	8/16/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	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
Conley Brooks 1450 Fenway Bldg Minneapolis MN 55402	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 > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darryl R Boyd 19780 Lakewood Ave Excelsior MN 55331	self	8/12/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MD	Aggregate Year-to-Date > \$	

1900.⁰⁰

SUBTOTAL of Receipts This Page (optional)

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 16 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
<u>William Nassala</u> <u>4300 River Rd</u> <u>Minnetonka MN 55343</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>IND</u>	Aggregate Year-to-Date: <u>> \$</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>IND</u>	Aggregate Year-to-Date: <u>> \$</u>	
<u>John Kinsinger</u> <u>1605 Mueholland</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>IND</u>	Aggregate Year-to-Date: <u>> \$</u>	
<u>Vance Robideaux</u> <u>1309 Glenbrook</u> <u>Oklahoma OK 73118</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>IND</u>	Aggregate Year-to-Date: <u>> \$</u>	
<u>Wlad Rader III</u> <u>M.D.</u> <u>2001 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>IND</u>	Aggregate Year-to-Date: <u>> \$</u>	
<u>Jeffrey Reed</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>IND</u>	Aggregate Year-to-Date: <u>> \$</u>	
<u>Bennett Fuller</u> <u>14708 Carvingford 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>IND</u>	Aggregate Year-to-Date: <u>> \$</u>	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

900.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 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
Scott W Maxwell MD 409 bw 14th Edmond OK 73013	self MO	8/16/00	100. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. 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 > \$		
C. 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 > \$		
D. 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 > \$		
E. 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 > \$		
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 > \$		

GRAND TOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

100.⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

C00117721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victory Funds 2505 Stonegate Dr. W Bedford TX	fundraising seminar Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/00	3000. ⁰⁰
U.S. Natl Bank Assn P.O. Box 6300 Jargo ND 58125	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/00	922. ⁶⁸
One Main Com P.O. Box 790372 St. Louis Mo 63179	Purpose of Disbursement Monthly Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/00	149. ⁸⁰
U.S. Bank Natl Assn P.O. Box 6300 Jargo ND 58125	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00	2084. ⁴⁷
Citibank Box 6000 The Lakes ND 589163	Purpose of Disbursement Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/00	3156. ⁶²
Victory Funds 2505 Stonegate Dr. W Bedford TX	fundraising seminar Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	3000. ⁰⁰
WTET wireless PO Box 78110 Miami AZ 85072	Purpose of Disbursement cell phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	156. ⁶²
Wells Fargo P.O. Box 29487 Phoenix AZ 85038	Purpose of Disbursement Convention Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/00	1589. ⁵²
B.P. Air 70 Stacy Rd Medford NJ	Purpose of Disbursement air transportation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/00	1431. ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

15490.69

TOTAL This Period (last page this line number only)

26982.86

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee C00117721

A. 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
Citibank Box 6000 The Lakes NJ 08013	misc. consulting expenses	9/25/00	1439. ³¹
U.S. Bank Natl Assn P.O. Box 6300 Largo MD 58125	travel expenses: lodging, meals, 9.00	9/26/00	2083. ⁸⁶
Balsfield Air charter 2827 Hanger Way Balsfield CA 93308	travel: air	9/22/00	1425. ⁴⁵
Calcut Ltd. P.O. Box 259 Balsfield CA 93302	air travel	9/22/00	450. ⁰⁰
Pinnacle Direct 4115 Drew Ave S. Minneapolis MN 55410	printing invites	9/23/00	6044. ⁰⁵
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 Disbursement 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 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)

11442.¹⁷

TOTAL This Period (last page this line number only)

Name of Committee (in Full)

Congressional Majority Committee

00017721

<p>A. Full Name, Mailing Address and ZIP Code of Loan Source</p> <p>Checkoff for Congress 2014 Harrison Ave Constitution Office 45211</p> <p>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Original Amount of Loan</p> <p>2000.⁰⁰</p>	<p>Cumulative Payment To Date</p> <p>1000.⁰⁰</p>	<p>Balance Outstanding at Close of This Period</p> <p>1000.⁰⁰</p>
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Term: Date Incurred **6-28-99** Date Due _____ Interest Rate _____ % (ap) Secured

List All Endorsers or Guarantors (if any) to Item A

<p>1. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: \$</p>	
<p>2. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: \$</p>	
<p>3. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: \$</p>	

<p>B. Full Name, Mailing Address and ZIP Code of Loan Source</p> <p>Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Original Amount of Loan</p>	<p>Cumulative Payment To Date</p>	<p>Balance Outstanding at Close of This Period</p>
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Term: Date Incurred _____ Date Due _____ Interest Rate _____ % (ap) Secured

List All Endorsers or Guarantors (if any) to Item B

<p>1. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: \$</p>	
<p>2. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: \$</p>	
<p>3. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: \$</p>	

<p>SUBTOTALS This Period This Page (optional) _____</p>	<p>1000.⁰⁰</p>
<p>TOTALS This Period (last page in this line only) _____</p>	<p>1000.⁰⁰</p>

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 (R/C) 10-14-00
<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>J.G.</i> PREPARER	 10-17-00 DATE PREPARED