

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)
Congressional Majority Committee

ADDRESS (number and street) Check if different than previously reported
555 13th St # 500 West

CITY, STATE and ZIP CODE
Washington D.C. 20004-1105

2. FEC IDENTIFICATION NUMBER
C00117721

3. This committee has qualified as an authorized committee. (see FEC FORM 700)

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 Nov 7 in the State of CA

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>10-1-00</u> through <u>11-27-00</u>		
6. (a) Cash on Hand January 1, 19			\$ <u>99,367.63</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>77,231.78</u>	
(c) Total Receipts (from Line 10)		\$ <u>27,300.00</u>	\$ <u>200,677.76</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>104,531.78</u>	\$ <u>310,045.39</u>
7. Total Disbursements (from Line 30)		\$ <u>66,500.12</u>	\$ <u>272,013.73</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>38,031.66</u>	\$ <u>38,031.66</u>
9. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ <u>100.00</u>	
10. Debt 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
Ladonna J. Dodge

Signature of Treasurer
Ladonna J. Dodge

Date
12-28-00

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 8/00)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<i>Congressional Majority Committee</i>	FROM <i>10-1-00</i>	TO <i>11-27-00</i>
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	<i>12000.00</i>	<i>90250.00</i>
ii. Unitemized	<i>300.00</i>	<i>24905.00</i>
iii. Total (add i and ii) >	<i>12300.00</i>	<i>115155.00</i>
b. Political Party Committees		
c. Other Political Committees (such as PACs)	<i>15000.00</i>	<i>94522.76</i>
d. Total Contributions (add a ii, b and c) >	<i>27300.00</i>	<i>209677.76</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>27300.00</i>	<i>210677.76</i>
20. Total Federal Receipts (subtract line 16 from line 19) >	<i>27300.00</i>	<i>210677.76</i>
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>14500.12</i>	<i>82013.73</i>
c. Total Operating Expenditures (add a i, ii, and b) >	<i>14500.12</i>	<i>82013.73</i>
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>52000.00</i>	<i>184000.00</i>
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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>116500.12</i>	<i>272013.73</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>116500.12</i>	<i>272013.73</i>
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	<i>27300.00</i>	<i>209677.76</i>
33. Total Contribution Refunds (from line 28d)		<i>6000.00</i>
34. Net Contributions (other than loans) (subtract line 33 from 32)	<i>27300.00</i>	<i>203677.76</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>14500.12</i>	<i>82013.73</i>
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	<i>14500.12</i>	<i>82013.73</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11e

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
<u>Free Cuba Pac</u> <u>8390 N.W. 53rd St, Ste 314</u> <u>Miami, FL 33146</u>		<u>10/25/00</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>1000</u>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>STS-PAC</u> <u>2025 M Street N.W., Suite 900</u> <u>Washington, DC 20036-3309</u>		<u>10/16/00</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>1000</u>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>American Association of Clinical</u> <u>Otolaryngologists, Inc.</u> <u>Political Action Committee</u> <u>101 Plaza Drive #550</u> <u>Schaumburg, IL 60173</u>		<u>10/3/2000</u>	<u>5000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>5000</u>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>OPHTHPAC</u> <u>1101 Vermont Ave. N.W. Ste 700</u> <u>Washington DC, 20005-3520</u>		<u>10/6/00</u>	<u>5000.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>5000</u>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>ACE TAA Political Action Comm.</u> <u>1601 Chestnut Street</u> <u>Philadelphia, PA 19103</u>		<u>10/31/00</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>1000</u>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>USkam PAC</u> <u>1381 F Street, N.W., Suite 450</u> <u>Washington, DC 20004</u>		<u>10/10/00</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>1000</u>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Boston Scientific Corporation PAC</u> <u>One Boston Scientific Place</u> <u>Watick, MA 01760</u>		<u>10/2/00</u>	<u>1000.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>1000</u>	

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 1121

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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
Corky Anderson 3740 W. Caldwell Ave Visalia, Ca. 93277	Self Occupation: Farmer	10/08/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
B. Full Name, Mailing Address and ZIP Code Rick Strain Orchard PO Box 807 Arbuckle, Ca 95912	Self Occupation: Farmer	10/13/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
C. Full Name, Mailing Address and ZIP Code Randolph B. Fenninger 9009 Avis Ct. Vienna, Va 22182-2162	Self Occupation: M.D.	10/10/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
D. Full Name, Mailing Address and ZIP Code Richard Paslay 31545 Donald Ave. Madras, Ca 93638	Self Occupation: M.D.	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
E. Full Name, Mailing Address and ZIP Code Robert Keenan 8160 20 1/2 Ave Lemore, Ca 93245	Self Occupation: Farmer	10/17/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
F. Full Name, Mailing Address and ZIP Code Michael Roberts 4603 Barbury Dr. Bethesda, MD 20814	Self Occupation: M.D.	10/19/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
G. Full Name, Mailing Address and ZIP Code Bachus Re election PO Box 59444 Birmingham, AL 35289-4444	Occupation:	10/19/00	\$5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000		

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

12000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 212 OF 23
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C00117221

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Farmers for Rich Redding 5200 Casey Blvd Hanford CA 93230	GA 20 Contribution House of Rep Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	2000. ⁰⁰
Linda Furbuck for Congress P.O. Box 40340 St Paul MN 55104	MN-04 Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	2000. ⁰⁰
Andy Ewing for Congress 836 N. Main Muskogee OK 74401	OK-02 Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	2000. ⁰⁰
Jane Amero for Congress P.O. Box 2427 Selle Portland ME 04106	ME-01 Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/00	2000. ⁰⁰
Smyth for Congress P.O. Box 4 Mystic CT 06355	CT-02 Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	5000. ⁰⁰
Friends of Phil Kline 551 Kauler Ct Lawka KS 66215	KS-03 Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	3000. ⁰⁰
Floyd Spence for Congress P.O. Box 1475 Columbia SC 29202 SC/02	SC-02 Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	2000. ⁰⁰
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

18000.⁰⁰

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 1 OF 2
FOR LINE NUMBER 73

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C00117221

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dick Zimmer for Congress 5151 Princeton Pike Bldg #215 Lawrenceville NJ 08648	House Rep Contribution US-12	10/20/00	5000. ⁰⁰
Shelly Capito for Congress 902 West East Charleston WV 25301	House Rep Contribution WV-07	10/20/00	5000. ⁰⁰
Jean Johnston for Congress 126 E Main St. Bayshore NY 11706	House Rep Contribution NY-02	10/20/00	5000. ⁰⁰
Melissa Hart for Congress 205 Executive Dr #101 Cranberry Township PA 16066	House Rep Contribution PA-04	10/20/00	3000. ⁰⁰
Linda Ruerbeck for Congress P.O. Box 40546 St Paul MN 55104	House Rep Contribution MN-04	10/20/00	3000. ⁰⁰
Friends of Sam Graves 6500 Tower Dr #111 Kansas City MO 64151	House Rep Contribution MO-06	10/20/00	4000. ⁰⁰
Friends of Claude Hitchman 389 Danville Rd. Alamo CA 94507	House Rep Contribution CA-10	10/20/00	2000. ⁰⁰
Jennifer Carroll for Congress P.O. Box 50322 Jacksonville FL 32230	House Rep Contribution FL-03	10/27/00	5000. ⁰⁰
Jim Curren for Congress 5309 Prosser Rd #151 San Jose CA 95129	House Rep Contribution CA-15	10/27/00	2000. ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

34000.⁰⁰

TOTAL This Period (last page this line number only)

52000.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee 00117721

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Bruce S. Meyer 467 Central Park West # 66 New York, NY 10025	Self M.D. 500	10/4/00	500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Thomas D. Cooper MP 250 East 54th Street # B42 New York, NY 10022-4819	Self M.D. 500	10/14/00	500.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 12/29/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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 <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CP PREPARER	1/3/01 DATE PREPARED