

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
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Congressional Majority Committee

ADDRESS (number and street) Check if different than previously reported
535 13th St. # 500 West

CITY, STATE and ZIP CODE
Washington D.C. 20004-1109

2. FEC IDENTIFICATION NUMBER
000117721

3. 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 _____
- 20-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	<u>4-1-00</u> through <u>6-30-00</u>		
6. (a) Cash on Hand January 1, 19_____			<u>\$99367.⁶³</u>
(b) Cash on Hand at Beginning of Reporting Period		<u>\$117950.60</u>	
(c) Total Receipts (from Line 18)		<u>\$39675.00</u>	<u>\$110847.76</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		<u>\$159625.60</u>	<u>\$210215.39</u>
7. Total Disbursements (from Line 30)		<u>\$127990.96</u>	<u>\$178540.75</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		<u>\$31634.64</u>	<u>\$31634.64</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		<u>\$1000.00</u>	
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 20463
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
La Donna J. Dodge

Signature of Treasurer
La Donna 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. 8497g.

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	REPORT COVERING PERIOD		
<i>Congressional Majority Committee</i>	FROM	TO	
	4-1-00	6-30-00	
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)	16150.00	53900.00	11400
ii. Unitemized	9525.00	9525.00	11400
iii. Total (add i and ii) >	25675.00	63425.00	11400
b. Political Party Committees	0		1100
c. Other Political Committees (such as PACs)	14000.00	46422.76	1100
d. Total Contributions (add a ii, b and c) >	39675.00	109847.76	1100
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received		1000.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	39675.00	110847.76	19
20. Total Federal Receipts (subtract line 18 from line 19) >	39675.00	110847.76	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21400
ii. Non-Federal Share			21400
b. Other Federal Operating Expenditures	19990.96	40580.75	2100
c. Total Operating Expenditures (add a i, a ii, and b) >	19990.96	40580.75	2100
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	108000.00	132000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		1000.00	2840
b. Political Party Committees			2800
c. Other Political Committees (such as PACs)		5000.00	2800
d. Total Contribution Refunds (add a, b and c) >		6000.00	2800
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	127990.96	178580.75	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	127990.96	178580.75	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	39675.00	110847.76	32
33. Total Contribution Refunds (from line 28d)		6000.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	39675.00	104847.76	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	19990.96	40580.75	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	19990.96	40580.75	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C001772

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brenda McClain 485 Middleton Ave North Haven CT 06473	self employed	4/22/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Doctor	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
Althea Jullene Smiley 1910 Shadowood Ct Spartanburg SC 29801	self employed	4/19/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical doctor	Aggregate Year-to-Date > \$ 200	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David S Smith 415 Penn Valley Rd Penn Valley PA 19072	Self employed	6/20/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Doctor	Aggregate Year-to-Date > \$ 200	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patricia Rice 5325 Newwood Hollow Madison MS 39125	Self employed	6/23/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical doctor	Aggregate Year-to-Date > \$ 200	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hung Shing Tsang MD 96 Buckingham Dr. Aurora IL 60506	self employed	6/12/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical doctors	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
Froxanna Hertzog 6019 76th Dr. SE Sammamish WA 98290	self employed	6/17/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical doctor	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Erik Hertzog 6019 76th Dr. SE Sammamish WA 98290	Self employed	6/18/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical doctor	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional) 1500.⁰⁰

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 3
FOR LINE NUMBER 112

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C001M721

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ed Kutler 6405 tree top circle Columbia MO 21045	Clark Weinstock Occupation: Consultant	4/20/00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1000		
W. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vin Weber 928 S 25th St. Arlington VA 22202	Clark Weinstock Occupation: Consultant	4/20/00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gunn W. Johnson III 92 River Rd Summit NJ 07902	Arcast Inc Occupation: President	6/6/00	5000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis R. Board 695 Royal Oaks Ct Redding CA 96001	Self employed Occupation: Medical doctor	6/16/00	300. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patrick K. Birmingham 809 Linden Ave Wilmette IL 60091	Self employed Occupation: Medical doctor	6/16/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Wayne J. Pate MD 60419 Spitztrail Ln. St Charles IL 60175	Self employed Occupation: Medical doctor	6/14/00	250. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Randall P. Mayden MD 500 Walter NE Auburne NM 87102	Self employed Occupation: Medical doctor	6/14/00	200. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 200		

SUBTOTAL of Receipts This Page (optional)

7950.⁰⁰

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 3

FOR LINE NUMBER

11a

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee 00017721

A. Full Name, Mailing Address and ZIP Code Michael Tongour 601 Penn. Ave NW # 1404 Washington DC 20004	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 200. ⁰⁰
	Occupation Attorney	4/10/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		

B. Full Name, Mailing Address and ZIP Code Jeffrey Kimball 3504 Whitehaven Plwy NW Washington DC 20007	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 2500. ⁰⁰
	Occupation CEO	4/7/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2500		

C. Full Name, Mailing Address and ZIP Code Sandra Swirski 12602 Tolmitch Rd Fairfax VA	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 1000. ⁰⁰
	Occupation info requested	4/13/00	
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 Lenoinehart 2504 Commonwealth Ave Alexandria VA 22301	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 1000. ⁰⁰
	Occupation Lobbyist	4/20/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		

E. Full Name, Mailing Address and ZIP Code Deirdre Stack 5309 Fossil Dr. Bethesda MD 20816	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 500. ⁰⁰
	Occupation Lobbyist	4/20/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		

F. Full Name, Mailing Address and ZIP Code Thomas J. Petrizzo 2061 Kings Manor Dr Alexandria VA 22315	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 500. ⁰⁰
	Occupation executive	4/20/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		

G. Full Name, Mailing Address and ZIP Code Howard Cohen 10405 Sandryglan Ct. Potomac MD 20854	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 1000. ⁰⁰
	Occupation attorney	4/20/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		

SUBTOTAL of Receipts This Page (optional)	6700. ⁰⁰
TOTAL This Period (last page this line number only)	16150. ⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

11c

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C00117721

A. 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
American Healthcare Assn 1201 5th St NW Washington DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Multi-candidate Committee > \$ 1500	4/19/00	1500. ⁰⁰
B. Full Name, Mailing Address and ZIP Code Health Plan PAC 1129 20th St NW #600 Washington DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000	4/21/00	1000. ⁰⁰
C. Full Name, Mailing Address and ZIP Code American Assn. Nurse Anesthetists 412 1st St. SE #12 Washington D.C. 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000	4/18/00	5000. ⁰⁰
D. Full Name, Mailing Address and ZIP Code House Company Employee PAC 10275 Little Patuxent Pkwy Columbia MD 21044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Multi candidate Committee Occupation Aggregate Year-to-Date > \$ 2000	4/3/00	2000. ⁰⁰
E. Full Name, Mailing Address and ZIP Code Schering Plough Better Government Fund Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000	4/10/00	1000. ⁰⁰
F. Full Name, Mailing Address and ZIP Code Prostate Cancer Research PAC 212 N Sangamon St #1A Chicago IL 60607 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500	4/20/00	500. ⁰⁰
G. Full Name, Mailing Address and ZIP Code AGSHF Civil Action Committee 1338 New Hampshire Ave #40 Washington D.C. 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Multi candidate Committee Occupation Aggregate Year-to-Date > \$ 1000	4/19/00	1000. ⁰⁰

SUBTOTAL of Receipts This Page (optional) 12,000.⁰⁰

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 2

FOR LINE NUMBER

11c

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee

COO/17721

A. Full Name, Mailing Address and ZIP Code American Health Care Assn 1201 L St NW Washington D.C. 20005	Name of Employer Multi candidate Committee Occupation Aggregate Year-to-Date > 3500	Date (month, day, year) 5/23/00	Amount of Each Receipt this Period 2000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

2000.⁰⁰

TOTAL This Period (last page this line number only)

14000.⁰⁰

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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
Ernie Fletcher for Congress P.O. Box 4073 Lexington KY 40544	House of Rep KY-06 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/29/00	5000. ⁰⁰
Robert Abernethy for Congress P.O. Box 1158 Stokesville AL 35565	House of Rep AL-04 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/29/00	5000. ⁰⁰
Brian Bilbray for Congress 1011 Camino del Rio South #800 San Diego CA 92108	House of Rep CA-49 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/29/00	5000. ⁰⁰
Friends of Clay Shaw 2500 Federal Hwy # 502 Fort Lauderdale FL 33305	House of Rep FL-22 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/29/00	5000. ⁰⁰
Ed Whitford for Congress 108 Alumni Ave. Hopkinsville KY 42240	House of Rep KY-01 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/2/00	5000. ⁰⁰
Anne Northrup for Congress P.O. Box 7313 Louisville KY 40257	House of Rep KY-03 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/29/00	5000. ⁰⁰
Charles Bass for Congress P.O. Box 3451 Concord NH 03302	House of Rep NH-2 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/29/00	5000. ⁰⁰
Heather Wilson for Congress P.O. Box 14070 Albuquerque NM 87197	House of Rep NM-01 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/29/00	5000. ⁰⁰
Robin Hayes for Congress P.O. Box 2000 Concord NC 27002	House of Rep NC-5 donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6/29/00	5000. ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

45000.⁰⁰

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee 00017721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Nielsen for Congress P.O. Box 421 Danbury CT 06813-9746	House of Rep donation CT - 5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. ⁰⁰
Friends & Partners of Rep Rodriguez P.O. Box 1321 Hartford, CA 93232	House of Rep donation CA - 20 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	1000. ⁰⁰
James Curren for Congress 5329 Prospect Rd #151 San Jose CA 95129	House of Rep donation CA - 15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	3000. ⁰⁰
Claude Hutchinson for Congress 3159 Danville Rd Alamo CA 94507	House of Rep donation CA - 10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	1000. ⁰⁰
Mark Kirk for Congress 28 Greenbay Rd Winnetka IL 60093	House of Rep donation IL - 10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	5000. ⁰⁰
Michael Hargensen for Congress P.O. Box 4205 Warren NJ 07059	House of Rep donation NJ - 7 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	5000. ⁰⁰
Jon Porter for Congress Friends for Porter 1111 Merchrest Ave #6 Henderson NV 89014	House of Rep donation NV - 01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	3000. ⁰⁰
Jelip Grucal for Congress 2584 Route 112 Medford LongIsland NY 11763	House of Rep donation NY - 01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. ⁰⁰
Patricia Tiberi - Tiberi 2000 2021 E Dublin Granville Rd Columbus OH 43229	House of Rep donation OH - 12 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. ⁰⁰

SUBTOTAL of Disbursements This Page (optional) 24000.⁰⁰

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 3 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C00117721

1000
1999

1000
1999

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Sherwood for Congress 41 Sherwood Ln Tunkhannock PA 19657	PA-10 House of Rep Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	4000. ⁰⁰
Pete Sessions for Congress P.O. Box 38585 Dallas TX 75238	TX-05 House of Rep Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. ⁰⁰
George Nethercott for Congress P.O. Box 1925 Spokane WA 99210	WA-5 House of Rep Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/00	4000. ⁰⁰
Stewart Greenleaf for Congress 1655 Terwood Rd Brenting Valley PA 19006	PA-13 House of Rep Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	3000. ⁰⁰
John Lester for Congress P.O. Box 40600 Olympia WA 98504	WA-2 House of Rep Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. ⁰⁰
Pat Toomey for Congress 801 Hamilton Mall #502 Hawthorn PA 18101	PA-15 House of Rep Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. ⁰⁰
Jim Rogan for Congress P.O. Box 36 Montrose CA 91021	CA-27 House of Rep Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	5000. ⁰⁰
Steve Kylendall for Congress 21311 Hawthorne Blvd #107 Torrance CA 90507	CA-36 House of Rep Donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	3000. ⁰⁰
L. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

34000.⁰⁰

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee 00017721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Melissa ^{Thompson} People with Heart for Congress P.O. Box 435 Windsor PA 15090	PA - CA House Rep donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. ⁰⁰
Edward Schrock for Congress R.D. Box 61470 Urencia Beach VA 23466	VA - 02 House Rep donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	2000. ⁰⁰
Tom Tancred for Congress P.O. Box 5756 Littleton CO 80161-3756	CO - 06 House Rep donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/00	1000. ⁰⁰
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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)

5000.⁰⁰

TOTAL This Period (last page this line number only)

108000.⁰⁰

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.

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<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
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