

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 OCT 20 P 2:29

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Republican Majority Fund

ADDRESS (number and street) Check if different than previously reported
1155 21st Street, NW, Suite 300

CITY, STATE and ZIP CODE
Washington, DC 20036

2. FEC IDENTIFICATION NUMBER
C00296840

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

- Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	08/01/99 through 09/30/99		
6. (a) Cash on Hand January 1, 19__	99		\$ 179,318.80
(b) Cash on Hand at Beginning of Reporting Period		\$ 323,626.75	
(c) Total Receipts (from Line 19)		\$ 8,182.43	\$ 401,373.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 331,709.18	\$ 580,692.09
7. Total Disbursements (from Line 30)		\$ 21,993.10	\$ 270,976.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 309,716.08	\$ 309,716.08
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	

For further information contact:
Federal Election Commission
898 E. Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-218-3430

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

Type or Print Name of Treasurer
Barbara W. Bonfiglio, Assistant Treasurer

Signature of Treasurer
Barbara W. Bonfiglio

Date
10/19/99

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 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
Republican Majority Fund	09/01/99	08/30/99	
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0.00	55,845.42	11(a)(i)
ii. Unitemized	0.00	1,230.00	11(a)(ii)
iii. Total (add i and ii) >	0.00	57,075.42	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	7,000.00	335,500.00	11(c)
d. Total Contributions (add a iii, b and c) >	7,000.00	392,575.42	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	557.10	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,182.43	8,240.77	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,182.43	401,373.29	19
20. Total Federal Receipts (subtract line 16 from line 19) >	8,182.43	401,373.29	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	9,519.10	141,614.01	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	9,519.10	141,614.01	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,474.00	124,362.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	5,000.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	21,993.10	270,976.01	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	21,993.10	270,976.01	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,000.00	392,575.42	32
33. Total Contribution Refunds (from line 28d)	0.00	5,000.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,000.00	387,575.42	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	9,519.10	141,614.01	35
36. Offsets to Operating Expenditures (from line 15)	0.00	557.10	36
37. Net Operating Expenditures (subtract line 36 from 35) >	9,519.10	141,056.91	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 c

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Korn-McGee Corporation PAC PO Box 25881 Oklahoma City, OK 73125	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,000.00	Date (month, day, year) 09/10/99	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code PG&E Employees Federal PAC 77 Beale St. PO Box 770000 San Francisco, CA 94177	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/10/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Realtors PAC 430 N. Michigan Ave. Chicago, IL 60611	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 09/10/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code New York Mercantile Exchange PAC 1 North End Ave. World Financial Ctr. New York, NY 10282	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/10/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code House PAC 2700 Sanders Road Prospect Heights, IL 60070	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/10/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code AFSA PAC 919 18th St., NW Washington, DC 20006	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/10/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 7,000.00

TOTAL This Period (last page this line number only) 7,000.00

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)

Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code First Union CAP Department One First Union Center Charlotte, NC 28268</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 8,240.77</p>	<p>Date (month, day, year) 09/30/88</p>	<p>Amount of Each Receipt this Period 1,182.43</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 1,182.43

TOTAL This Period (last page this line number only) 1,182.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Federal Express P.O. Box 1140 Memphis, TN 38101	delivery expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/99	19.25
Sarah Hanlon 319 1/2 A St., NE Washington, DC 20002	reimburse consulting expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/99	427.00
Cellular One P.O. Box 64651 Baltimore, MD 21264-4651	cellular telephone charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/08/99	85.84
Kennecott/U.S. Borax, Inc. 1325 Pennsylvania Ave., NW 7th Floor Washington, DC 20004	reimbursement for airfare to PAC related event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/99	1,118.00
Chibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	credit card charges- see below for attribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/99	2,589.88
Celebrations Catering Sterling, VA	credit card charge-catering for PAC related event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/99	2,589.88 (Memo Entry)
Rachel Pearson 505 East Braddock Road #402 Alexandria, VA 22314	consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/99	5,000.00
Williams & Jensen, P.C. 1166 21st Street, NW, Suite 300 Washington, DC 20038	legal and accounting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/24/99	315.85

SUBTOTAL of Disbursements This Page (optional)

9,495.92

TOTAL This Period (last page this line number only)

9,495.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kennecott/U.S. Borax, Inc. 1325 Pennsylvania Ave., NW 7th Floor Washington, DC 20004	Inkind contribution- travel to Alaska Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2004	09/03/99	1,118.00 (In-Kind)
Murkowski for Senate 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Inkind contribution- travel to Alaska Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2004	09/03/99	1,118.00 (Memo In-Kind)
Snowe for Senate PO Box 2000 Portland, ME	Olympia J. Snowe, U.S. SENATE ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/17/99	3,500.00
Snowe for Senate PO Box 2000 Portland, ME	Olympia J. Snowe, U.S. SENATE ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/17/99	1,500.00
Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	credit card payment (inkind) see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/99	1,028.00
U.S. Air Washington, DC	Inkind-- airfare to event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/99	1,028.00 (Memo Entry)
Snowe for Senate PO Box 2000 Portland, ME	Inkind-- airfare to event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/17/99	1,028.00 (Memo Entry)
Wolf Mailing 4100 Linwood Oklahoma City, OK 73108	postage for direct mail fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/22/99	330.00
Lincoln Charter for US Senate Committee PO Box 7329 Warwick, RI 02887	Lincoln Charter, U.S. SENATE RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/24/99	5,000.00

SUBTOTAL of Disbursements This Page (optional)	12,474.00
TOTAL This Period (last page this line number only)	12,474.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-20-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>su</i> PREPARER	<i>10-20-99</i> DATE PREPARED