

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -7 P 4:33

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Republican Majority Fund		2. FEC IDENTIFICATION NUMBER C00298640
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1155 21st Street, NW, Suite 300		
CITY, STATE and ZIP CODE Washington, DC 20036		
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

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
 Thirtieth day report following the General Election on
_____ 11/07/00 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>10/19/00</u> through <u>11/27/00</u>			
6. (a)	Cash on Hand January 1, 2000		\$ 304,979.80
(b)	Cash on Hand at Beginning of Reporting Period	\$ 193,488.30	
(c)	Total Receipts (from Line 19)	\$ 56,550.93	\$ 619,174.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 250,039.23	\$ 924,153.60
7.	Total Disbursements (from Line 30)	\$ 46,594.84	\$ 719,709.21
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 203,444.39	\$ 204,444.39
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
889 E Street, NW
Washington, DC 20463
Toll Free 800-424-9520
Local 202-464-1100

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
Barbara W. Bonfiglio, Assistant Treasurer

Signature of Treasurer
Barbara W. Bonfiglio

Date
12/7/00

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 9/03)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Republican Majority Fund	REPORT COVERING PERIOD		
	FROM	TO:	
	10/19/00	11/27/00	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	17,500.00	127,750.00	11(a)(i)
ii. Unitemized	0.00	32,611.87	11(a)(ii)
iii. Total (add i and ii) >	17,500.00	160,361.87	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	31,000.00	429,750.00	11(c)
d. Total Contributions (add a ii, b and c) >	48,500.00	590,111.87	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	4,213.85	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	7,000.00	12,152.50	16
17. Other Federal Receipts (Dividends, interest, etc.)	1,050.93	12,685.78	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) >	56,550.93	619,174.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	56,550.93	619,174.00	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	17,093.84	175,394.71	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	17,093.84	175,394.71	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,501.00	319,689.50	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	7,000.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	2,500.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	9,500.00	28(d)
29. Other Disbursements	12,000.00	215,125.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	46,594.84	719,709.21	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	46,594.84	719,709.21	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	48,500.00	590,111.87	32
33. Total Contribution Refunds (from line 28d)	0.00	9,500.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	48,500.00	580,611.87	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	17,093.84	175,394.71	35
36. Offsets to Operating Expenditures (from line 15)	0.00	4,213.85	36
37. Net Operating Expenditures (subtract line 36 from 35) >	17,093.84	171,180.86	37

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)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Restaurant Asso. PAC 1200 17th Street, NW Washington, DC 20036		10/20/00	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
Schwan's PAC 115 West College Drive Marshall, MN 56258		10/24/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
Morgan Stanley Dean Witter & Co. PAC 2 World Trade Center 45th Floor New York, NY 10048		10/31/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
Rite Aid PAC PO Box 3165 Harrisburg, PA 17105		10/31/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
Federal Express PAC 1980 Nonconnah Blvd. Memphis, TN 38132		10/31/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
Truck PAC 430 First Street SE Washington, DC 20003		10/31/00	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
Novartis Employee Good Govt. Fund 701 Pennsylvania Avenue NW Suite 725 Washington, DC 20004		11/13/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

22,000.00

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)
Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code Nat'l Assoc. of Small Bus. Invest. Co. PAC 666 11th Street NW Suite 750 Washington, DC 20001</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 > \$ 2,000.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code The Prudential Insurance Co. PAC 751 Broad St 13th Floor Prudential Plaza Newark, NJ 07102</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 > \$ 2,000.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Washington Mutual PAC 1201 Third Avenue Seattle, WA 98101</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 > \$ 5,000.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 5,000.00</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) 9,000.00

TOTAL This Period (last page this line number only) 31,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code Paul M. Lee 5210 Reserve Drive Dublin, OH 43017</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Strategic Health</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 10/31/00</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code William M. Todd 8100 Blind Brook Court Columbus, OH 43235</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info Requested</p> <p>Occupation Info Requested</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/31/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code David W. Grauer 7881 Cook Road Plain City, OH 43064</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/31/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Sherry Sharp 201 Cyril Lane Richmond, VA 23229</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 Homemaker</p> <p>Aggregate Year-to-Date > \$ 3,000.00</p>	<p>Date (month, day, year) 11/01/00</p>	<p>Amount of Each Receipt this Period 3,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Jur Strobos M.D. 1023 Noyes Drive North Silver Spring, MD 20910</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info Requested</p> <p>Occupation Info Requested</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 11/06/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code William H. Shute 7845 Midday Lane Alexandria, VA 22308</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SEC</p> <p>Occupation Exec. Dir. of Field Relations</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Marie A. Frederick 223 Morris Avenue Lutherville, MD 21093</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info Requested</p> <p>Occupation Info Requested</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

BUBTOTAL of Receipts This Page (optional)

8,500.00

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 11 a i

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

<p>A. Full Name, Mailing Address and ZIP Code Bart Herbert Jr. 1111 N. Charles Street Baltimore, MD 21201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Aegon USA</p> <p>Occupation insurance</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code James M. Wilson 9595 May Day Street La Plata, MD 20648</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Info Requested</p> <p>Occupation Info Requested</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Henry G. Hagan 10710 Greenspring Avenue Timonium, MD 21093</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Monumental Life Insurance Co.</p> <p>Occupation President/CEO</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Brian A. Smith 17 Lauren Lane Chester Springs, PA 19425</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Aegon USA</p> <p>Occupation insurance</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Eloy S. Inos PO Box 2825 Saipan, MP 96950</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Century Insurance, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 11/13/00</p>	<p>Amount of Each Receipt this Period 5,000.00</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) **9,000.00**

TOTAL This Period (last page this line number only) **17,500.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tiberl for Congress 865 Macon Alley Columbus, OH 43206		11/01/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mattingly for Senate, Inc. P.O. Box 11641 Atlanta, GA 30355-1641		11/16/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 2000	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
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
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
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
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) 7,000.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code First Union CAP Department One First Union Center Charlotte, NC 28288	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/31/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \rightarrow \$ 14,857.65		1,050.93
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \rightarrow \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \rightarrow \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \rightarrow \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \rightarrow \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \rightarrow \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \rightarrow \$	

SUBTOTAL of Receipts This Page (optional)	1,050.93
TOTAL This Period (test page this line number only)	1,050.93

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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
Citibank Advantage P.O. Box 1747 Hagerstown, MD 21748-1747	credit card charges-see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	583.50
B. Full Name, Mailing Address and ZIP Code United Airlines Arlington, VA	airfare for PAC fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	405.50 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Marriott Hotels Ponte Vedra, FL	lodging for PAC fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	95.32 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Legal Seafoods 1212 G St Washington, DC 20036	PAC fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	62.68 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Richard Carpenter 3135 S. 76th E. Ave. Tulsa, OK 74145	consulting fees for Aug/Sept Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	4,000.00
F. Full Name, Mailing Address and ZIP Code Cellular One P.O. Box 64651 Baltimore, MD 21264-4651	cellular phone fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/00	21.15
G. Full Name, Mailing Address and ZIP Code Florida Power & Light Company 801 Pennsylvania Avenue NW Suite 220 Washington, DC 20004	PAC fundraiser expenses/overnight Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/00	7,444.92
H. Full Name, Mailing Address and ZIP Code Rachel Pearson 505 East Braddock Road #402 Alexandria, VA 22314	consulting fees-salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/00	5,000.00
I. Full Name, Mailing Address and ZIP Code Central Delivery Service P.O. Box 277628 Atlanta, GA 30384-7628	Courier Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/00	42.55

SUBTOTAL of Disbursements This Page (optional)

17,072.12

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 2 OF 2
FOR LINE NUMBER 21B

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 Federal Express P.O. Box 1140 Memphis, TN 38101	Purpose of Disbursement shipping expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/17/00	Amount of Each Disbursement This Period 7.24
B. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Memphis, TN 38101	Purpose of Disbursement shipping expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/17/00	Amount of Each Disbursement This Period 14.48
C. 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
D. 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
E. 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
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)

21.72

TOTAL This Period (last page this line number only)

17,093.84

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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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
UST Public Affairs, Inc. 1201 Penn. Ave, NW Suite 300 Washington, DC 20004-2401	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	720.00 (In-Kind)
Grams 2000 P.O. Box 2000 Anoka, MN 55303	airfare Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	720.00 (Memo In-Kind)
El Paso Energy 601 13th Street NW Suite 850 South Washington, DC 20005	inkind contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Primary Debt Retirement	10/20/00	574.00 (In-Kind)
Bob Franks For US Senate Inc 20 Springholm Drive Berkeley Heights, NJ 07922	inkind contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Primary Debt Retirement	10/20/00	574.00 (Memo In-Kind)
El Paso Energy 601 13th Street NW Suite 850 South Washington, DC 20005	inkind contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/23/00	1,000.00 (In-Kind)
Mattingly for U.S. Senate PO Box 11641 Atlanta, GA 30355	inkind contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/23/00	1,000.00 (Memo In-Kind)
GOP PAC 1120 N.W. 63rd, Ste. 250 Oklahoma City, OK 73116	2000 contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/24/00	5,000.00
Bill McCollum for US Senate 605 E. Robinson St. Suite 305 Orlando, FL 32801	Bill McCollum, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/02/00	707.00
Rogers For Congress PO Box 581 Brighton, MI 48116	Michael Rogers, U.S. HOUSE 8th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/00	2,500.00

SUBTOTAL of Disbursements This Page (optional)

10,501.00

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 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Steven Kuykendall for Congress 1379 Park Westaru Dr. San Pedro, CA 90275	Purpose of Disbursement Steven T Kuykendall, U.S. HOUSE 36th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 11/03/00	Amount of Each Disbursement This Period 2,500.00
B. Full Name, Mailing Address and ZIP Code Don Sherwood for Congress 326 South State Street Clarks Summit, PA 18411	Purpose of Disbursement Don Sherwood, U.S. HOUSE 10th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 11/03/00	Amount of Each Disbursement This Period 2,500.00
C. Full Name, Mailing Address and ZIP Code Re-Elect Brian Bilbray For Congress 970 Seacoast Drive Imperial Beach, CA 91932	Purpose of Disbursement Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 11/03/00	Amount of Each Disbursement This Period 2,000.00
D. 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
E. 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
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)

7,000.00

TOTAL This Period (last page this line number only)

17,501.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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
Kent Friskup for Representative PO Box 686 Meeker, OK 74855	Purpose of Disbursement Kent Friskup, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/23/00	3,000.00
B. Full Name, Mailing Address and ZIP Code McLawhorn for State Representative PO Box 5776 Norman, OK 73073	Purpose of Disbursement Melissa McLawhorn, STATE HOUSE REP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/23/00	3,000.00
C. Full Name, Mailing Address and ZIP Code O'Neal for House Seat 44 1306 W Main Enid, OK 73073	Purpose of Disbursement Mike O'Neal, STATE HOUSE REP. OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/23/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Whalen for House District 93 633 SW 44th Street Oklahoma City, OK 73109	Purpose of Disbursement Dub Whalen, STATE HOUSE REP. 93rd OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/24/00	2,000.00
E. Full Name, Mailing Address and ZIP Code Ginger Collins for State House 1921 Tyler Ridge Road Smyrna, GA 30080	Purpose of Disbursement Ginger Collins, STATE HOUSE REP. GA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Run Off 2000	11/27/00	2,000.00
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)

12,000.00

TOTAL This Period (last page this line number only)

12,000.00

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>12/7/00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<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 and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>RAW</i> PREPARER	<i>12/7/00</i> DATE PREPARED