

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 28 P 5:18

1. NAME OF COMMITTEE (in full) Keep Our Majority Political Action Committee		2. FEC IDENTIFICATION NUMBER C00307405
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 18277		
CITY, STATE and ZIP CODE Washington, DC 20036		3. <input type="checkbox"/> This committee 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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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	<u>07/01/1999</u> through <u>12/31/1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>	.....		\$8756.11
(b) Cash on Hand at Beginning of Reporting Period	.....	\$701109.77	
(c) Total Receipts (from Line 19)	.....	\$183441.47	\$1148242.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	.....	\$884551.24	\$1156998.76
7. Total Disbursements (from Line 30)	.....	\$363840.48	\$636288.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	.....	\$520710.76	\$520710.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	.....	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	.....	

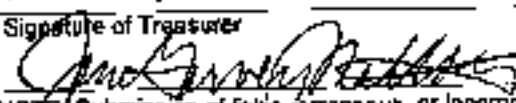
For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Jane Garvey Mattoon

Signature of Treasurer



Date 1/24/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(Revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE Keep Our Majority Political Action Committee	REPORT COVERING PERIOD FROM 07/01/1998 TO: 12/31/1999		
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. RECEIPTS			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	\$58150.00	\$58150.00	11(a)(i)
ii. Unitemized	\$0.00	\$0.00	11(a)(ii)
iii. Total (add i and ii)	\$58150.00	\$487198.11	11(a)(iii)
b. Political Party Committees	\$0.00	\$0.00	11(b)
c. Other Political Committees (such as PACs)	\$120500.00	\$619934.38	11(c)
d. Total Contributions (add a iii, b and c)	\$178650.00	\$1107132.49	11(d)
12. Transfers From Affiliated/Other Party Committees	\$1800.00	\$37021.50	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	\$0.00	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.)	\$2981.47	\$4088.88	17
18. Transfers from Nonfederal Account for Joint Activity	\$ 1800.00	\$ 37021.50	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$183441.47	\$1148242.65	19
20. Total Federal Receipts (subtract line 18 from line 19)	\$183441.47	\$1148242.65	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	\$236840.42	\$357287.94	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	\$236840.42	\$357287.94	21(c)
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$121000.06	\$273000.08	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. Individuals/Persons Other Than Political Committees	\$2000.00	\$2000.00	28(a)
b. Political Party Committees	\$0.00	\$0.00	28(b)
c. Other Political Committees (such as PACs)	\$3000.00	\$3000.00	28(c)
d. Total Contribution Refunds (add a, b and c)	\$5000.00	\$5000.00	28(d)
29. Other Disbursements	\$1000.00	\$1000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$363840.48	\$636288.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$363840.48	\$636288.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$178650.00	\$1107132.49	32
33. Total Contribution Refunds (from line 28d)	\$5000.00	\$5000.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$173650.00	\$1102132.49	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$236840.42	\$357287.94	35
36. Offsets to Operating Expenditures (from line 16)	\$0.00	\$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	\$236840.42	\$357287.94	37

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be used 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 contributors.

NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code Charlie Thurston 1 A 761 Equestrian Circle Winfield, IL 60190- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Nicor Gas Occupation Vice President Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 12/02/199	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Tyrone Farmer 190 S. LaSalle St. Chicago, IL 60603- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Mayer, Brown & Platt Occupation Attorney Aggregate Year-to-Date -> \$3000.00	Date (month, day, year) 12/02/199	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code William Maloni 5 Chevy Chase Circle Chevy Chase, MD 20815-3408 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer information requested Occupation	Date (month, day, year) 07/22/199	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and Zip Code Henry Gaddy 6212 Park Rd. Mc Lean, VA 22101- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Duberstein Group, Inc. Occupation Vice President Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 07/02/199	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Greg Rotherham 303 Coralberry Rd. Louisville, KY 40207- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cumaca Occupation Executive Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 07/02/199	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Kenneth Rice 6109 Franklin Park Rd. Mc Lean, VA 22101- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation	Date (month, day, year) 07/02/199	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Bruce Goodman 73 Shrewsbury Dr. Livingston, NJ 07039- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Humano Occupation Vice President Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 07/02/199	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)	\$6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of LHA Detailed Summary Page

PAGE 2 OF 16
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Kathleen Pellegrino 615 Crossbrook Dr. Louisville, KY 40206-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Humana</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 07/02/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Robert Bogomolny 1420 Sheridan Rd. #96 Wilmette, IL 60091-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Searle</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 07/15/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Anne Essner 2 Van Buren Rd. Morristown, NJ 07960-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer information requested</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 07/15/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Carol DeSchutter 733 Ravine Avenue Lake Bluff, IL 60044-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer information requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 07/15/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Richard DeSchutter 733 Ravine Ave. Lake Bluff, IL 60044-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Morganlo</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 07/15/199</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>F. Full Name, Mailing Address and Zip Code R. David Thomas 5131 Post Road, Suite 203 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 Wendy's International, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 07/15/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Bruce Perkins 7208 Leafland Pl. Prospect, KY 40059-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Humana</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 07/15/199</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Alvin Wilkison 111 E. Chestnut, Suite 50A Chicago, IL 60611-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CIT</p> <p>Occupation Market Maker</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/13/199</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Lorry Lichtenstein 1869 Crescent Ct. Highland Park, IL 60035-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Blue Capital Group</p> <p>Occupation Principal</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/13/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code John Stafford, Jr. 440 S. LaSalle St., Suite 3904 Chicago, IL 60605-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Stafford Trading</p> <p>Occupation Principal</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/13/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Efraim Gildor 163 John St. Greenwich, CT 06031-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Arbitrade</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/13/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Michael Post 270 Grapevine Run Atlanta, GA 30350-4438</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Chgo. Bd. of Options Exchange</p> <p>Occupation Manager</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/13/199</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Boyden Gray 2445 M St., N.W. Washington, DC 20037-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Wilmer, Cutler & Pickering</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$5000.00</p>	<p>Date (month, day, year) 08/13/199</p>	<p>Amount of Each Receipt this Period \$5000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Blair Childs 1885 Virginia Ave. Mc Lean, VA 22101-1935</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$700.00</p>	<p>Date (month, day, year) 09/13/199</p>	<p>Amount of Each Receipt this Period \$700.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$9700.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Powers 46642 Lynn Haven Sq. Sterling, VA 20165-	Podesta.Com Occupation <i>Information Requested</i>	08/13/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
Bradford Barnes P.O. Box 1978 Fort Worth, TX 76101-	Crouch Supply Co., Inc. Occupation CEO	07/06/199 Distrib. of Metroplex	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$50.00	MEMO
Robert Krebs 4709 Crestline Rd. Fort Worth, TX 76102-	Burlington Northern Santa Fe Occupation Manager	07/06/199 Distrib. of Metroplex	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	MEMO
Troy LaGrone 523 Magnolia Denton, TX 76201-	Ben E. Keith Beers Occupation President	07/06/199 Distrib. of Metroplex	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1000.00	MEMO
David Berxon 6414 Few Star Columbia, MD 21044-	Kannic Mae Occupation Economist	09/23/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
Robert Aprati 14600 Crystal Tree Dr. Orland Park, IL 60462-	Self-Employed Occupation Attorney	09/23/199	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Robert Aprati 14600 Crystal Tree Dr. Orland Park, IL 60462-	Self-Employed Occupation Attorney	09/23/199	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	

SUBTOTAL of Receipts This Page (optional)

\$1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Jeffrey Congdon 8835 Sargent Rd. Indianapolis, IN 46256-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Budget Group, Inc.</p> <p>Occupation Vice Chairman</p> <p>Aggregate Year-to-Date -> \$750.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$750.00</p>
<p>B. Full Name, Mailing Address and Zip Code Sanford Miller 23 Broadriver Dr. Ormond Beach, FL 32174-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Budget Group, Inc.</p> <p>Occupation Chairman & CEO</p> <p>Aggregate Year-to-Date -> \$750.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$750.00</p>
<p>C. Full Name, Mailing Address and Zip Code Mark Sotir 1216 Harmony Ct. Naperville, IL 60563-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Budget Group</p> <p>Occupation Car Dealer</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and zip Code Gene Ehlers 484 Maya Palm Dr. Boca Raton, FL 33432-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer National Lease</p> <p>Occupation Truck Dealer</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code John Congdon 109 Walsing Dr. 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 Old Dominion Truck Leasing</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>F. Full Name, Mailing Address and Zip Code Tom Fleming 44 Cherry Hill Ct. Canfield, OH 44406-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer AIN National Lease</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Stephen Jula 400 Dorado Dr. High Point, NC 27265-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Salem Holding Co.</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$3100.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code Jon Fogelberg 474 County Rd. E. Hudson, WI 54016- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer National Truck Leasing System Occupation Exec. VP Date (month, day, year) 09/23/199	Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
B. Full Name, Mailing Address and Zip Code Tom Bylonga 1912 Lockmere Grand Rapids, MI 49508- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer National Lease Occupation Truck Dealer Date (month, day, year) 09/23/199	Amount of Each Receipt this Period \$100.00 Aggregate Year-to-Date -> \$100.00
C. Full Name, Mailing Address and Zip Code Barry Siegal 251 King Philip Dr. W Hartford, CT 06117- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer National Lease Occupation Truck Dealer Date (month, day, year) 09/23/199	Amount of Each Receipt this Period \$100.00 Aggregate Year-to-Date -> \$100.00
D. Full Name, Mailing Address and Zip Code Philip Freund 11916 S. Rt. 47 Huntley, IL 60142- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Freund International Occupation Truck Dealer Date (month, day, year) 09/23/199	Amount of Each Receipt this Period \$100.00 Aggregate Year-to-Date -> \$100.00
E. Full Name, Mailing Address and Zip Code Jack Eziomy 419 Whipoorwill Rd. Albany, GA 31707- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer National Lease Occupation Truck Dealer Date (month, day, year) 09/23/199	Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
F. Full Name, Mailing Address and Zip Code John Simourian 210 Dedham St. Dover, MA 02030- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer National Lease Occupation Truck Dealer Date (month, day, year) 09/23/199	Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
G. Full Name, Mailing Address and Zip Code Stephen Scully 45 Sea Terrace Newport Coast, CA 92657- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer National Lease Occupation Truck Dealer Date (month, day, year) 09/23/199	Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$500.00

SUBTOTAL of Receipts This Page (optional)	\$1550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 16

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be used or used by any person for the purpose of eliciting 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)
 Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Arthur Wolpert P.O. Box 986 Worcester, MA 01613-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer National Lease</p> <p>Occupation Truck Dealer</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>B. Full Name, Mailing Address and Zip Code Gary Lindberg 6842 Donnybill Rd. De Forest, WI 53532-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Capital City International</p> <p>Occupation Truck Dealer</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>C. Full Name, Mailing Address and Zip Code John McCandless 2677 Mallard Landing Ave. Henderson, NV 89014-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer McCandless Int'l. Trucks</p> <p>Occupation Truck Dealer</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and Zip Code Barrett Anderson 2207 Eagle Lane Eau Claire, WI 54703-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Ideallease-Kuclair Leasing</p> <p>Occupation Truck Dealer</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>E. Full Name, Mailing Address and Zip Code Janice Schroer 5641 St. St. 274 New Bremen, OH 43869-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer National Lease</p> <p>Occupation Truck Dealer</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code G.H. Dion 5265 Federal Blvd. San Diego, CA 92105-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Dion International</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>G. Full Name, Mailing Address and Zip Code David Standlee P.O. Box 852 Lubbock, TX 79408-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer South Plains Truck & Equip.</p> <p>Occupation Truck Dealer</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>

SUBTOTAL of Receipts This Page (optional)

\$850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer Information requested	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Zorn 235 Saratoga Vein Ct. Castle Rock, CO 80104-	Occupation	09/23/199	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Ford 180 Cranston Ct. Glen Ellyn, IL 60137-	National Truck Leasing System Occupation President	09/23/199	\$350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$350.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billy Cooper 626 Airways Jackson, TN 38301-	Volunteer Truck Rental Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cathy Elkins 2211 River Ridge Rd. Saint Joseph, MO 64507-	Crouser International Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Dieterich 7231 Boulder 214 Highland, CA 92346-3313	Dieterich Internacional Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Owen Donahue 12440 MacDonald Dr. Ojai, CA 92023-	Donahue Idealease Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer Information requested	Date (month, day, year)	Amount of Each Receipt this Period
Cornelia Fracalossi 5324 E. Bristol Rd. Davison, MI 48423-	Occupation	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	

SUBTOTAL of Receipts This Page (optional)	\$1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category on the Detailed Summary Page

PAGE 9 OF 16
FOR LINE NUMBER 11(a)(i)

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)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Copeland 8008 NW 131st Circle Okishoma City, OK 73142-	Copeland Idealcase & Rental Co Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
Thomas Bagwell 1500 White Birch Terrace Fremont, CA 94536-	Idealcase-B.I.T. Leasing Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
Dale Nelson 2700 E. Highway 12 Willmar, MN 56201-	Nelson International Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
Todd Onl 5190 Corydon Ramsey Rd. Corydon, IN 47112-	Onl Truck Sales, Inc. Occupation Owner	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
Blaine Roberts 7708 Bent Tree Amarillo, TX 79121-	Roberts Truck Center Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
N.S. Wallace 3632 Liberty Square Fort Myers, FL 33908-	Wallace International Trucks Occupation President	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
Richard Sweebe 1750 E. Brooks Rd. Memphis, TN 38116-3506	Mid-America Int'l. Trucks Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	

SUBTOTAL of Receipts This Page (optional)

\$700.00

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 10 OF 16
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Robert Morris P.O. Box 71 Lewisburg, WV 24901-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Mountain International Trucks Occupation Truck Dealer</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>Aggregate Year-to-Date -> \$100.00</p>			
<p>B. Full Name, Mailing Address and Zip Code Jerome Wahoff 10439 Allen Rd. Pickerington, OH 43147-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Center City Int'l. Trucks, Inc Occupation President</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>Aggregate Year-to-Date -> \$100.00</p>			
<p>C. Full Name, Mailing Address and Zip Code Ruth Fox 230 E. Pabel P.O. Box 157 Sanborn, MN 56083-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer information requested Occupation</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>Aggregate Year-to-Date -> \$100.00</p>			
<p>D. Full Name, Mailing Address and Zip Code Richard Rechten 10895 S.W. 69th Ct. Miami, FL 33156-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Rechten International Occupation Owner</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>Aggregate Year-to-Date -> \$100.00</p>			
<p>E. Full Name, Mailing Address and Zip Code Charles Imbler 2106 Van St. Tupelo, MS 38801-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Idealease-Tupelo Truck Rental Occupation Truck Dealer</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>Aggregate Year-to-Date -> \$100.00</p>			
<p>F. Full Name, Mailing Address and Zip Code James Jablonski 11640 S. Monticello Dr. Knoxville, TN 37922-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Landmark International Trucks Occupation Truck Dealer</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>Aggregate Year-to-Date -> \$100.00</p>			
<p>G. Full Name, Mailing Address and Zip Code Fred Carlson 90 Star Burst Circle Sparks, NV 89436-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Silver State International Occupation Truck Dealer</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>Aggregate Year-to-Date -> \$100.00</p>			

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$700.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 11 OF 16
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full):
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynn Owens 13307 E. 95th Pl. N. Owasso, OK 74055-6733	Frontier International Trucks Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$100.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric Rosenquist 305 Wildberry Ln. Bartlett, IL 60103-	Idelease of Melrose Park Occupation Truck Dealer	09/23/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$100.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Ervin 116 Queen St. Alexandria, VA 22314-	GTA, Inc. Occupation Consultant	09/28/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Pinsley 5 Longwood Dr. Saratoga Springs, NY 12866-	Espoy Mfg. Occupation President & CEO	09/28/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Shiplet 2401 Evergreen Pt. Rd. Medina, WA 98039-	PACCAR Leasing Corp. Occupation President	10/06/199	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$200.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vittz-James Ramsdell 3011 SE Bybee Blvd. Portland, OR 97202-	Trent, Inc. Occupation Truck Dealer	10/06/199	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$200.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Reibel 42 Doubling Rd. Greenwich, CT 06830-	information requested Occupation	10/12/199	\$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$5000.00

SUBTOTAL of Receipts This Page (optional)	\$6600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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

NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Michael Chowdry 11757 W. Ken Caryl Ave., Suite F305 Littleton, CO 80127-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer information requested</p> <p>Occupation</p>	<p>Date (month, day, year) 10/21/199</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Thomas Beck 1720 Wildberry Dr. Glenview, IL 60025-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer information requested</p> <p>Occupation</p>	<p>Date (month, day, year) 10/21/199</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Allan Shapiro 12 Ferncliff Rd. Scarsdale, NY 10583-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer information requested</p> <p>Occupation</p>	<p>Date (month, day, year) 10/21/199</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Fred Borich 517 Pine St. Stoughton, WI 53589-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer information requested</p> <p>Occupation</p>	<p>Date (month, day, year) 10/21/199</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Ronald Soble 1541 N. 22nd St. Arlington, VA 22209-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer information requested</p> <p>Occupation</p>	<p>Date (month, day, year) 10/13/199</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>F. Full Name, Mailing Address and Zip Code Gary Adriate 700 Heena Place Peachtree City, GA 30269-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kenworth of Atlanta, Inc.</p> <p>Occupation Truck Dealer</p>	<p>Date (month, day, year) 11/15/199</p> <p>Aggregate Year-to-Date -> \$50.00</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>G. Full Name, Mailing Address and Zip Code Fred Ballon 323 Franklin St. Ohrichville, OH 44683-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer information requested</p> <p>Occupation</p>	<p>Date (month, day, year) 11/15/199</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Amount of Each Receipt this Period \$100.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code Paul DeCarolis 115 Raton Ave. Rochester, NY 14625-	Name of Employer Amtralease	Date (month, day, year) 11/15/199	Amount of Each Receipt this Period \$200.00
	Occupation Truck Dealer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		
B. Full Name, Mailing Address and Zip Code Brian Hogan 2871 Hunters Field Rd. Saint Louis, MO 63122-	Name of Employer Amtralease	Date (month, day, year) 11/15/199	Amount of Each Receipt this Period \$200.00
	Occupation Truck Dealer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		
C. Full Name, Mailing Address and Zip Code Patricia Pope P.O. Box 777 Claremont, NC 28610-0777	Name of Employer Information requested Self-employed	Date (month, day, year) 11/15/199	Amount of Each Receipt this Period \$200.00
	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		
D. Full Name, Mailing Address and Zip Code Terry Young P.O. Box 5600007 Charlotte, NC 28256-	Name of Employer Amtralease	Date (month, day, year) 11/15/199	Amount of Each Receipt this Period \$1000.00
	Occupation Truck Dealer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
E. Full Name, Mailing Address and Zip Code Dorothy Tierney 5610 Wisconsin Ave. Chevy Chase, MD 20815-	Name of Employer Information requested	Date (month, day, year) 11/15/199	Amount of Each Receipt this Period \$50.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$50.00		
F. Full Name, Mailing Address and Zip Code Larry Addington 1500 N. Big Run Rd. Ashland, KY 41102-	Name of Employer Information requested	Date (month, day, year) 11/15/199	Amount of Each Receipt this Period \$1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
G. Full Name, Mailing Address and Zip Code Michael Bromberg 2101 Connecticut Ave., NW, #35 Washington, DC 20008-	Name of Employer Deborah Steelman Strategies	Date (month, day, year) 11/15/199	Amount of Each Receipt this Period \$1000.00
	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		

SUBTOTAL of Receipts This Page (optional)	53650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justin McCarthy 3315 Wisconsin Ave., Apt. #B-3 Washington, DC 20016-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jason Kravitt 250 Sheridan Rd. Glencoe, IL 60022-1948	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Esposito 1771 Church St., N.W., #3 Washington, DC 20036-1361	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Heather Young 2525 Q Street, N.W. Washington, DC 20007-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Penny Eastman 6616 Rosecroft Pl. Falls Church, VA 22043-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Davis 108 Duke St. Alexandria, VA 22314-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Lehr 5119 52nd St., N.W. Washington, DC 20016-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	

SUBTOTAL of Receipts This Page (optional)	\$2450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
See Sends 1050 N. Stuart St., #518 Arlington, VA 22201-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
B. Full Name, Mailing Address and Zip Code Robert Fitzsimmons 945 S. Batavia Ave. Wayne, IL 60184-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00
C. Full Name, Mailing Address and Zip Code Kim Boylar 3510 Rodmar St., N.W. Washington, DC 20006-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00
D. Full Name, Mailing Address and Zip Code Joseph Goeke 2 Astor Ct. Lake Forest, IL 60045-	Mayer, Brown & Platt Occupation <i>Attorney</i>	12/02/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
E. Full Name, Mailing Address and Zip Code Gregory Jones 6612 31st Place, N.W. Washington, DC 20015-	Mayer, Brown & Platt Occupation Attorney	12/07/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
F. Full Name, Mailing Address and Zip Code John Schultz 1048 Carper St. Mc Lean, VA 22101-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
G. Full Name, Mailing Address and Zip Code Richard Williamson 322 Woodstock Kenilworth, IL 60043-	Mayer, Brown & Platt Occupation Attorney	12/02/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00

SUBTOTAL of Receipts This Page (optional)	\$6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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)
Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Richard Rogers 16251 Dallas Parkway Dallas, TX 75248-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Mary Kay, Inc.</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 11/15/199</p> <p>Distrib. of</p>	<p>Amount of Each Receipt this Period \$250.00</p> <p>MEMO</p>
<p>B. Full Name, Mailing Address and Zip Code David Mills 1412 W. Bullock Denison, TX 75020-</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 Retired</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 12/16/199</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Deborah Stakman 555 12th Street, NW Suite 1230 Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/31/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Leslie Weyner 124 3rd St. SE Washington, DC 20003-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Seeking information</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Date (month, day, year) 12/31/199</p>	<p>Amount of Each Receipt this Period \$2500.00</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>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$4000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$58150.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the detailed summary page

PAGE 1 OF 9
FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (In Full)

Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Physical Therapy PAC 1111 N. Fairfax St. Alexandria, VA 22314-</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 -> \$3000.00</p>	<p>Date (month, day, year) 11/15/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Federation of Am. Health Systems PAC 1111 19th St., N.W., Suite 402 Washington, DC 20036-3688</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 -> \$3000.00</p>	<p>Date (month, day, year) 10/21/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Federation of Am. Health Systems PAC 1111 19th St., N.W., Suite 402 Washington, DC 20036-3688</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 -> \$1500.00</p>	<p>Date (month, day, year) 12/02/199</p>	<p>Amount of Each Receipt this Period \$1500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Federal Express PAC 1980 Nonconnah Blvd. Memphis, TN 38132-</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 -> \$5000.00</p>	<p>Date (month, day, year) 10/21/199</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Federal Express PAC 1980 Nonconnah Blvd. Memphis, TN 38132-</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 -> \$5000.00</p>	<p>Date (month, day, year) 12/31/199</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>F. Full Name, Mailing Address and Zip Code General Electric Company PAC 3135 Easton Turnpike Fairfield, CT 06431-</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 -> \$2000.00</p>	<p>Date (month, day, year) 09/23/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Southern Company Employees PAC 241 Ralph McGill Blvd. Atlanta, GA 30308-</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 -> \$5000.00</p>	<p>Date (month, day, year) 12/31/199</p>	<p>Amount of Each Receipt this Period \$3000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code American Health Care Assn. PAC 1201 I. Street, NW Washington, DC 20005-</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) 09/28/199</p> <p>\$3500.00</p>	<p>Amount of Each Receipt this Period \$1500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Independent Ins. Agents of Am. PAC 417 First Street, SE Suite 300 Washington, DC 20003-</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) 11/15/199</p> <p>\$4500.00</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>C. Full Name, Mailing Address and Zip Code The Limited, Inc. PAC Two Limited Parkway Columbus, OH 43230-</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) 07/02/199</p> <p>\$2500.00</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>D. Full Name, Mailing Address and Zip Code New England Electric PAC 25 Research Dr. Westborough, MA 01581-</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) 07/15/199</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Nuclear Energy Institute PAC 1776 Eye St., N.W., 4th Fl. Washington, DC 20006-</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) 07/15/199</p> <p>\$2000.00</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Foundation Health Systems Inc., PAC 21650 Oxnard St. Woodland Hills, CA 91367-</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) 07/15/199</p> <p>\$3000.00</p>	<p>Amount of Each Receipt this Period \$3000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Pacificare PAC 3120 Lake Center Dr. P.O. Box 25186 Santa Ana, CA 92799-</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) 07/15/199</p> <p>\$3000.00</p>	<p>Amount of Each Receipt this Period \$3000.00</p>

SUBTOTAL of Receipts This Page (optional)	51500.00
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	OF
	3	9
FOR LINE NUMBER		
11(c)		

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NAME OF COMMITTEE (In Full)			
Keep Our Majority Political Action Committee			
A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sierra Health Services PAC 2724 North Tenzys Way Las Vegas, NV 89128-		07/15/199	\$3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$3000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hopkins & Sutter 70 W. Madison St. 3 First National Plaza, Suite 4100 Chicago, IL 60602-		08/13/199	\$2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Am. Assoc. of Orthopaedic Surgeons PAC 311 Massachusetts Ave., N.E. Washington, DC 20002-		08/13/199	\$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$5000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Collier, Shannon, Rill & Scott, PAC 3050 K St., N.W., Suite 400 Washington, DC 20007-		08/13/199	\$2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Automation PAC 110 S. W. 6th St., 20th Fl. Fort. Lauderdale, FL 33301-		08/13/199	\$2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Enterprise Rent-A-Car PAC 600 Corporate Park Dr. Saint Louis, MO 63105-		08/13/199	\$2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grocery Mfgs. of America, PAC 1010 Wisconsin Ave., N.W., Suite 900 Washington, DC 20007-		08/13/199	\$2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2500.00

SUBTOTAL of Receipts This Page (optional)	\$20500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Portland Cement Alliance PAC 1225 Eye St., N.W., Suite 300 Washington, DC 20005-		08/13/199	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
B. Full Name, Mailing Address and Zip Code Coca-Cola Enterprises, Inc. PAC P.O. Box 723040 Atlanta, GA 31199-0040		09/23/199	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$2000.00
C. Full Name, Mailing Address and Zip Code General Motor PAC 3044 West Grand Blvd. Detroit, MI 48202-		09/23/199	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
D. Full Name, Mailing Address and Zip Code DTAG PAC 5330 E. 31st St. Tulsa, OK 74135-		09/23/199	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$2500.00
E. Full Name, Mailing Address and Zip Code Cordant Technologies PAC 15 W. South Temple, Ste. 1600 Salt Lake City, UT 84101-		09/28/199	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$2500.00
F. Full Name, Mailing Address and Zip Code American General Corp. PAC 1101 Pennsylvania Ave., N.W., Suite 1035 Washington, DC 20004-2514		10/06/199	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$2000.00
G. Full Name, Mailing Address and Zip Code Northwestern Mutual Life Federal PAC 720 E. Wisconsin Ave. Milwaukee, WI 53202-		10/06/199	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$2000.00

SUBTOTAL of Receipts This Page (optional)	\$13000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PACBG P.O. Box 855 Des Moines, IA 50304-		10/06/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1000.00
B. Full Name, Mailing Address and Zip Code Pepsi-Cola Bottlers' Assn PAC 251 O'Connor Ridge Blvd. Suite 251 Irving, TX 75038-		10/06/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1000.00
C. Full Name, Mailing Address and Zip Code Equitable Life Assurance Society PAC 1290 Avenue of the Americas New York, NY 10104-		10/06/199	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2000.00
D. Full Name, Mailing Address and Zip Code Aetna, Inc. PAC 151 Farmington Ave. Hartford, CT 06156-		10/12/199	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2000.00
E. Full Name, Mailing Address and Zip Code Leadership for America Committee 47 Grant Ave. Glens Falls, NY 12001-		10/13/199	\$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$5000.00
F. Full Name, Mailing Address and Zip Code Ster & Blackwell PAC 2000 L Street, N.W., Suite 612 Washington, DC 20036-		10/13/199	\$2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2500.00
G. Full Name, Mailing Address and Zip Code Gas Employees PAC 400 N. Capitol St., N.W. Washington, DC 20001-		10/21/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1000.00

SUBTOTAL of Receipts This Page (optional)	\$14500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Friends of Bob Livingston Box 6329 New Orleans, LA 70174-</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>Date (month, day, year) 10/21/199</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Am. Assoc. of Nurse Anesthetists 412 First St., SE, Suite 12 Washington, DC 20003-</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>Date (month, day, year) 10/21/199</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code American Maritime Officers PAC 650 Fourth Ave. Brooklyn, NY 11232-</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>Date (month, day, year) 10/13/199</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Seafarers Political Activity Account 5201 Auth Way Suitland, MD 20746-</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>Date (month, day, year) 10/13/199</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>E. Full Name, Mailing Address and Zip Code RMC Corp. PAC 1 Rollins Plaza Wilmington, DE 19803-</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>Date (month, day, year) 11/15/199</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code United States Telephone Association PAC 1401 H Street, N.W., Suite 600 Washington, DC 20005-2136</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>Date (month, day, year) 11/15/199</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Ford Civic Action Fund The American Road Dearborn, MI 48121-</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>Date (month, day, year) 11/15/199</p> <p>Aggregate Year-to-Date -> \$3000.00</p>	<p>Amount of Each Receipt this Period \$3000.00</p>

SUBTOTAL of Receipts This Page (optional)	\$13500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Deimler Chrysler Corp. PAC 1000 Chrysler Dr. Auburn Hills, MI 48226-2766</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 -> \$2000.00</p>	<p>Date (month, day, year) 11/15/199</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Norfolk Southern Corp. PAC Three Commercial Place Norfolk, VA 23510-2191</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 -> \$1000.00</p>	<p>Date (month, day, year) 11/15/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Waddell & Reed Financial, Inc. PAC 6300 Lamar Shawnee Mission, KS 66202-</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 -> \$1500.00</p>	<p>Date (month, day, year) 11/15/199</p>	<p>Amount of Each Receipt this Period \$1500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Am. Council of Life Ins. PAC 1001 Pennsylvania Ave., N.W. Washington, DC 20004-</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 -> \$2500.00</p>	<p>Date (month, day, year) 11/15/199</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Am. Council of Life Ins. PAC 1001 Pennsylvania Ave., N.W. Washington, DC 20004-</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 -> \$5000.00</p>	<p>Date (month, day, year) 11/15/199</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Group Practice PAC 1422 Duke St. Alexandria, VA 22314-</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 -> \$1000.00</p>	<p>Date (month, day, year) 11/15/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Guidant Corporation PAC 111 Monument Circle, #29 P.O. Box 44906 Indianapolis, IN 46244-</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 -> \$1000.00</p>	<p>Date (month, day, year) 12/32/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$11500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code General Motors Civic Involvement Program 300 Renaissance Center P.O. Box 300 Detroit, MI 48265-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 12/02/199</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Union Pacific Corp. PAC 600 13th St., NW, Suite 340 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/02/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Nat'l. Automobile Dealers Assn. PAC 5400 Westpark Dr. Mc Lean, VA 22102-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/16/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code American Occupational Therapy Assn. PAC 4720 Montgomery Lane PO Box 31220 Bethesda, MD 20824-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/31/199</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Prudential Insurance PAC Newark, NJ 07101-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> \$3000.00</p>	<p>Date (month, day, year) 12/31/199</p>	<p>Amount of Each Receipt this Period \$3000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Nat. Assn. of Insurance and Financial Ad 1922 F Street, NW Washington, DC 20006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> \$5000.00</p>	<p>Date (month, day, year) 12/31/199</p>	<p>Amount of Each Receipt this Period \$5000.00</p>
<p>G. Full Name, Mailing Address and Zip Code COMSAC PAC 5560 Rock Spring Dr. Bethesda, MD 20817-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> \$1500.00</p>	<p>Date (month, day, year) 12/31/199</p>	<p>Amount of Each Receipt this Period \$1500.00</p>

SUBTOTAL of Receipts This Page (optional):

\$14500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MidAmerican Energy Co. PAC 666 Grand Ave. PO Box 657 Des Moines, IA 50303-		12/31/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Baxter Political Action Committee One Baxter Parkway Deerfield, IL 60015-		10/12/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Baxter Political Action Committee One Baxter Parkway Deerfield, IL 60015-		11/15/199	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REITPAC 1875 I Street, NW Suite 600 Washington, DC 20006-		12/28/199	\$2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$2500.00
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)	\$5500.00
TOTAL This Period (last page this line number only)	\$120500.00

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)
Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Metropolplex Welcome Fund 1155 21st Street, NW Suite 300 Washington, DC 20036-</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) 08/13/199</p> <p>\$36771.50</p>	<p>Amount of Each Receipt this Period \$1550.00</p>
<p>B. Full Name, Mailing Address and zip code Metropolplex Welcome Fund 1155 21st Street, NW Suite 300 Washington, DC 20036-</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) 11/15/199</p> <p>\$37021.50</p>	<p>Amount of Each Receipt this Period \$253.00</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>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1800.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$1800.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST INCOME	Date (month, day, year) 07/17/199	Amount of Each Receipt this Period \$622.21
	Occupation _____ Aggregate Year-to-Date -> \$1719.40		
B. Full Name, Mailing Address and Zip Code Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST INCOME	Date (month, day, year) 08/17/199	Amount of Each Receipt this Period \$512.52
	Occupation _____ Aggregate Year-to-Date -> \$2231.92		
C. Full Name, Mailing Address and zip Code Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST INCOME	Date (month, day, year) 09/17/199	Amount of Each Receipt this Period \$527.88
	Occupation _____ Aggregate Year-to-Date -> \$2759.80		
D. Full Name, Mailing Address and zip Code Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST INCOME	Date (month, day, year) 10/19/199	Amount of Each Receipt this Period \$469.95
	Occupation _____ Aggregate Year-to-Date -> \$3229.79		
E. Full Name, Mailing Address and Zip Code Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST INCOME	Date (month, day, year) 11/16/199	Amount of Each Receipt this Period \$160.74
	Occupation _____ Aggregate Year-to-Date -> \$3390.53		
F. Full Name, Mailing Address and Zip Code Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST INCOME	Date (month, day, year) 12/15/199	Amount of Each Receipt this Period \$21.95
	Occupation _____ Aggregate Year-to-Date -> \$3411.58		
G. Full Name, Mailing Address and Zip Code Yorkville National Bank 102 E. Emmon Street PO Box 669 Yorkville, IL 60560- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST INCOME	Date (month, day, year) 11/23/199	Amount of Each Receipt this Period \$313.08
	Occupation _____ Aggregate Year-to-Date -> \$313.08		

SUBTOTAL of Receipts This Page (optional)	\$2627.87
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Yorkville National Bank 102 E. Eamon Street PO Box 559 Yorkville, IL 60560-	INTEREST INCOME	12/23/199	\$363.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$676.68
B. 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 ->		
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)	\$363.60
TOTAL This Period (Last page this line number only)	\$2991.47

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed summary list.

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Print City 5908 Columbia Pike Falls Church, VA 22041-	Printing expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/08/199	\$530.86
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/199	\$7000.00
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/199	\$6000.00
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/199	\$6000.00
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/02/199	\$6000.00
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/199	\$6000.00
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Telephone and Admin expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/199	\$152.84

SUBTOTAL of Disbursements This Page (optional)	\$31683.70
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Telephone and Admin expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/199	\$269.03
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Telephone expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/199	\$289.27
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/199	\$8000.00
JAG Associates 6344 Cavalier Corridor Falls Church, VA 22044-	Telephone and Admin expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/199	\$274.71
Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044-	Monthly service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/199	\$21.02
Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044-	Transfer fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/199	\$15.00
Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044-	Monthly service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/199	\$12.71

SUBTOTAL of Disbursements This Page (optional)	\$8881.74
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedules for each category of the Detailed Summary Page

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

NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044-	Monthly service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/17/199	\$11.68
Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044-	Monthly service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/17/199	\$13.53
Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044-	Monthly service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/17/199	\$33.37
Chevy Chase Bank 6367 Seven Corners Center Falls Church, VA 22044-	Transfer fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/29/199	\$15.00
E.S. Postmaster Seven Corners Branch Falls Church, VA 22044-9998	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/199	\$198.00
U.S. Postmaster Seven Corners Branch Falls Church, VA 22044-9998	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/199	\$198.00
U.S. Postmaster Seven Corners Branch Falls Church, VA 22044-9998	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/08/199	\$198.00

SUBTOTAL of Disbursements This Page (optional) \$667.58

TOTAL This Period (Last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 similar purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Seven Corners Branch Falls Church, VA 22044-9598	PO Box rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/199	\$54.00
JacColline Restaurant 400 N. Capitol St., SW Washington, DC 20001-	Fundraising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/199	\$400.00
Patton Boggs, LLP 2550 M Street, NW Washington, DC 20037-1350	Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/199	\$522.88
Patton Boggs, LLP 2550 M Street, NW Washington, DC 20037-1350	Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/199	\$506.69
Patton Boggs, LLP 2550 M Street, NW Washington, DC 20037-1350	Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/15/199	\$506.50
Patton Boggs, LLP 2550 M Street, NW Washington, DC 20037-1350	Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/22/199	\$1004.25
Patton Boggs, LLP 2550 M Street, NW Washington, DC 20037-1350	Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/199	\$515.21

SUBTOTAL of Disbursements This Page (optional)	\$3509.53
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the Reported Summary Page

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Creative Impressions 3408 N. Pershing Dr. Arlington, VA 22201-	Catering <i>expenses</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/02/199	\$868.99
Creative Impressions 3408 N. Pershing Dr. Arlington, VA 22201-	Catering expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/199	\$194.36
Capitol Hill Club 300 First Street, SE Washington, DC 20003-	Club charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/199	\$25.00
Capitol Hill Club 300 First Street, SE Washington, DC 20003-	Breakfast fundraising event <i>expense</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/199	\$382.06
Capitol Hill Club 300 First Street, SE Washington, DC 20003-	Fundraising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/199	\$418.96
Phoenix Park Hotel 520 N. Capitol Street, NW	Fundraising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/199	\$1113.60
Catering by Windows 1125 North Royal Street Alexandria, VA 22314-	Fundraising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/199	\$1413.24

SUBTOTAL of Disbursements This Page (optional)	\$4416.21
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

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Car Rental Washington, DC 20004-	Car rental, parking & gas Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/22/199	\$90.33
B. Full Name, Mailing Address and Zip Code United Airlines Chantilly, VA 20151-	Purpose of Disbursement Airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/199	\$339.00
C. Full Name, Mailing Address and Zip Code United Airlines Chantilly, VA 20151-	Purpose of Disbursement Airfare to event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/199	\$673.00
D. Full Name, Mailing Address and Zip Code The Criskili ,	Purpose of Disbursement Restaurant expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/199	\$197.89
E. Full Name, Mailing Address and Zip Code North Meets South 811 Chetworth Place Alexandria, VA 22314-	Purpose of Disbursement Fundraiser catering expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/199	\$1721.33
F. Full Name, Mailing Address and Zip Code St. Regis 17th & Chestnut St. Philadelphia, PA 19103-	Purpose of Disbursement Hotel Rooms Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/199	\$69973.23
G. Full Name, Mailing Address and Zip Code Luke Stedman	Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/199	\$800.00

SUBTOTAL of Disbursements This Page (optional)	\$73784.75
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the detailed Summary Page

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luke Stedman	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/199	\$800.00
B. 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):	11/03/199	\$667.00
C. Full Name, Mailing Address and Zip Code Resnet	Purpose of Disbursement Hotel Rooms - Sheraton Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/28/199	\$25087.00
D. Full Name, Mailing Address and Zip Code Resnet	Purpose of Disbursement Hotel Rooms - Westin Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/09/199	\$1500.00
E. Full Name, Mailing Address and Zip Code Resnet	Purpose of Disbursement Hotel Rooms - Westin Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/20/199	\$16244.72
F. Full Name, Mailing Address and Zip Code Resnet	Purpose of Disbursement Hotel Rooms - Sheraton Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/09/199	\$1500.00
G. Full Name, Mailing Address and Zip Code Bank One Visa	Purpose of Disbursement Administrative Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/199	\$665.99

SUBTOTAL of Disbursements This Page (optional)

\$46465.79

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank One Visa	Administrative charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/199	\$391.26
Bank One Visa	Administrative charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/199	\$112.05
Bank One Visa	Administrative charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/199	\$345.91
The Phoenician Resort 6000 E. Camelback Rd. Scottsdale, AZ 85251-	Deposit for Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/199	\$10000.00
Penguin Marketing 6201 Leesburg Pike, Suite 404 Falls Church, VA 22044-	Marketing services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/199	\$7400.00
Yorkville National Bank 102 E. Eamon Street PO Box 869 Yorkville, IL 60560-	Transfer fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/199	\$6.00
WBBM-AM 630 N. McClurg Ct. Chicago, IL 60611-	Advertising campaign Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/199	\$4000.00

SUBTOTAL of Disbursements This Page (optional)	\$22255.22
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WLS Radio 190 N. State Street Chicago, IL 60601-	Advertising campaign media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/199	\$5000.00
WMAQ Radio 455 N. Cityfront Plaza Chicago, IL 60611-	Advertising campaign media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/199	\$3650.00
WGN Radio 435 N. Michigan Ave. Chicago, IL 60611-	Advertising campaign media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/199	\$3000.00
NRCC Washington, DC 20036-	Administrative expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/09/199	\$246.25
Michael Dowling 3110 Mt Vernon Ave #804 Alexandria, VA 22305	Printing expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/199	\$2240.00
Michael Dowling 3110 Mt Vernon Ave #804 Alexandria, VA 22305	Printing expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/199	\$2380.00
Michael Dowling 3110 Mt Vernon Ave #804 Alexandria, VA 22305	Printing expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/199	\$4312.00

SUBTOTAL of Disbursements This Page (optional)	\$20226.25
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aaron Chang 3300 Lockheed Blvd. Apt. 202 Alexandria, VA 22306-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/199	\$916.00
Aaron Chang 3300 Lockheed Blvd. Apt. 202 Alexandria, VA 22306-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/02/199	\$1000.00
Aaron Chang 3300 Lockheed Blvd. Apt. 202 Alexandria, VA 22306-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/199	\$916.00
Aaron Chang 3300 Lockheed Blvd. Apt. 202 Alexandria, VA 22306-	July-August Supplemental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/199	\$168.00
Aaron Chang 3300 Lockheed Blvd. Apt. 202 Alexandria, VA 22306-	Travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/199	\$36.65
Aaron Chang 3300 Lockheed Blvd. Apt. 202 Alexandria, VA 22306-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/199	\$1000.00
Aaron Chang 3300 Lockheed Blvd. Apt. 202 Alexandria, VA 22306-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/199	\$1000.00

SUBTOTAL of Disbursements This Page (optional) \$5036.65

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aaron Cheng 3300 Lockheed Blvd. Apt. 202 Alexandria, VA 22305-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/199	\$1000.00
Thomas Corcoran 2700 Virginia Ave. #115 Washington, DC 20037-	Fundraising exception expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/02/199	\$1164.63
James Leaf 3462 Gunston Rd. Alexandria, VA 22302-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/02/199	\$666.00
James Leaf 3462 Gunston Rd. Alexandria, VA 22302-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/02/199	\$666.00
James Leaf 3462 Gunston Rd. Alexandria, VA 22302-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/28/199	\$666.00
James Leaf 3462 Gunston Rd. Alexandria, VA 22302-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/06/199	\$666.00
John McGovern 1340 N. Dearborn Apt. 5E Chicago, IL 60610-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/199	\$833.00

SUBTOTAL of Disbursements This Page (optional)	\$5661.63
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the detailed Summary Page

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John McGovern 1340 N. Dearborn Apt. 5E Chicago, IL 60610-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/02/199	\$833.00
John McGovern 1340 N. Dearborn Apt. 5E Chicago, IL 60610-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/199	\$833.00
John McGovern 1340 N. Dearborn Apt. 5E Chicago, IL 60610-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/199	\$833.00
John McGovern 1340 N. Dearborn Apt. 5E Chicago, IL 60610-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/20/199	\$833.00
John McGovern 1340 N. Dearborn Apt. 5E Chicago, IL 60610-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/199	\$833.00
Scott Palmer 173 S. Evanslawn Aurora, IL 60506-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/199	\$833.00
Scott Palmer 173 S. Evanslawn Aurora, IL 60506-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/199	\$833.00

SUBTOTAL of Disbursements This Page (optional) \$5831.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Scott Palmer 173 S. Evanslawn Aurora, IL 60506-</p>	<p>Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 12/01/199</p>	<p>Amount of Each Disbursement This Period \$833.00</p>
<p>B. Full Name, Mailing Address and Zip Code Scott Palmer 173 S. Evanslawn Aurora, IL 60506-</p>	<p>Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 07/06/199</p>	<p>Amount of Each Disbursement This Period \$833.00</p>
<p>C. Full Name, Mailing Address and Zip Code Scott Palmer 173 S. Evanslawn Aurora, IL 60506-</p>	<p>Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 08/02/199</p>	<p>Amount of Each Disbursement This Period \$833.00</p>
<p>D. Full Name, Mailing Address and Zip Code Scott Palmer 173 S. Evanslawn Aurora, IL 60506-</p>	<p>Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 09/02/199</p>	<p>Amount of Each Disbursement This Period \$833.00</p>
<p>E. Full Name, Mailing Address and Zip Code Sam Lancaster 1808 Belmont Rd., NW #2 Washington, DC 20009-</p>	<p>Purpose of Disbursement Meals purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 07/01/199</p>	<p>Amount of Each Disbursement This Period \$88.37</p>
<p>F. Full Name, Mailing Address and Zip Code Mike Stokke R.R. 13 Box 85 Bloomington, IL 61704-</p>	<p>Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 08/02/199</p>	<p>Amount of Each Disbursement This Period \$833.00</p>
<p>G. Full Name, Mailing Address and Zip Code Mike Stokke R.R. 13 Box 85 Bloomington, IL 61704-</p>	<p>Purpose of Disbursement Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 09/28/199</p>	<p>Amount of Each Disbursement This Period \$833.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>\$5086.37</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Stokke R.R. 13 Box 85 Bloomington, IL 61704-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/02/199	\$833.00
Mike Stokke R.R. 13 Box 85 Bloomington, IL 61704-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/01/199	\$833.00
Mike Stokke R.R. 13 Box 85 Bloomington, IL 61704-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/199	\$833.00
Mike Stokke R.R. 13 Box 85 Bloomington, IL 61704-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/06/199	\$833.00
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SUBTOTAL of Disbursements This Page (optional)	\$3332.00
TOTAL This Period (last page this line number only)	\$236640.42

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Hill Club 300 First Street, SE Washington, DC 20003-	Fundraising event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$5648.23 IN KIND
B. Full Name, Mailing Address and Zip Code Ryan for Congress P.O. Box 1919 Janesville, WI 53547-	Purpose of Disbursement U.S. House WJ 1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/04/199	\$5000.00
C. Full Name, Mailing Address and Zip Code Friends of Don Sherwood P.O. Box 188 Wyalusing, PA 18853-	Purpose of Disbursement US House PA 10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$4372.42
D. Full Name, Mailing Address and Zip Code Friends of Don Sherwood P.O. Box 188 Wyalusing, PA 18853-	Purpose of Disbursement In Kind paid to CHC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$627.58 MEMO
E. Full Name, Mailing Address and Zip Code Melissa Hart for Congress 600 Grant St. 58th Floor USX Tower Pittsburgh, PA 15219-2703	Purpose of Disbursement In Kind paid to CHC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$627.58 MEMO
F. Full Name, Mailing Address and Zip Code Melissa Hart for Congress 600 Grant St. 58th Floor USX Tower Pittsburgh, PA 15219-2703	Purpose of Disbursement US House PA 4 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$4372.42
G. Full Name, Mailing Address and Zip Code Reynolds for Congress P.O. Box 141 Buffalo, NY 14231-	Purpose of Disbursement US HOUSE NY 27 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/01/199	\$2000.00

SUBTOTAL of Disbursements This Page (optional)	\$21393.12
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

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doc Hastings for Congress PO Box 2926 Pasco, WA 99302-	U.S. House WA 04 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/199	\$2500.00
Walden for Congress PO Box 1091 Hood River, OR 97031-	U.S. House OR 2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/199	\$5000.00
Eltor Gallegly for Congress PO Box 940001 Siskiyou Valley, CA 93065-	U.S. House CA 23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/09/199	\$2500.00
Pirozzi for Congress PO Box 2303 Rancho Cucamonga, CA 91729-	U.S. House CA 42 - Special Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/199	\$3000.00
Pirozzi for Congress PO Box 2303 Rancho Cucamonga, CA 91729-	U.S. House CA 42 - Special Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/199	\$5000.00
Nat'l Federation of Republican Women 124 N. Alfred St. Alexandria, VA 22314-	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/21/199	\$5000.00
Jim Ryan for Congress PO Box 826 Topeka, KS 66601-	U.S. House KS 6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/199	\$2000.00

SUBTOTAL of Disbursements This Page (optional)	\$27000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule (a) for each category of the permitted activity page

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cunneen for Congress 5339 Prospect Rd. #151 San Jose, CA 95129-	U.S. House CA 15 Disbursement for: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/199	\$5000.00
Baker for Congress PO Box 1694 Baton Rouge, LA 70821-	US House LA 6 Disbursement for: <input type="checkbox"/> Salary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/199	\$4372.42
Baker for Congress PO Box 1694 Baton Rouge, LA 70821-	In-kind paid to CHC Disbursement for: <input type="checkbox"/> Salary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/199	\$627.50 MEMO
Baker for Congress PO Box 1694 Baton Rouge, LA 70821-	U.S. House IL 17 Disbursement for: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/199	\$5000.00
Putnam for Congress 2310 E. Rd. Bartow, FL 33830-	U.S. House FL 12 Disbursement for: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/199	\$5000.00
Friends of Jon Porter 631 N. Stephanie St. Henderson, NV 89014-	U.S. House NV 1 Disbursement for: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/199	\$5000.00
McDonald for Congress 611 Market St. Kirkland, WA 98033-	U.S. House WA 1 Disbursement for: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/199	\$5000.00

SUBTOTAL of Disbursements This Page (optional)	\$29372.42
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vanco for Congress 909 Pike St. Auburn, WA 98001-	U.S. House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/28/199	\$3000.00
Kline for Congress 10085 170 St. Lakeville, MN 55044-	U.S. HOUSE MN-06 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/28/199	\$5000.00
Dorso for Congress 1121 26th Ave. Fargo, ND 58103-	U.S. House ND-AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/28/199	\$2500.00
Bill Brady for Congress 2203 Eastland Dr. Bloomington, IL 61704-	U.S. House IL-15 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/199	\$2500.00
Friends of Nethercutt PO Box 1925 Spokane, WA 99210-	In Kind paid to CNC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/199	\$627.59 MEMO
Friends of Nethercutt PO Box 1925 Spokane, WA 99210-	US House WA 5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/199	\$4372.42
Joe Skeen for Congress PO Box 2446 Roswell, NM 88202-	US House NM 2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/199	\$4372.42

SUBTOTAL of Disbursements This Page (optional)	\$23744.84
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

The separate schedule(s) for each category of the detailed summary page

PAGE 5 OF 6

FORM LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Skeen for Congress PO Box 2446 Roswell, NM 88202-	In Kind paid to CHC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$627.58 MEMO
Tom Tancredi for Congress PO Box 3756 Littleton, CO 80161-	In Kind paid to CHC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$627.58 MEMO
Tom Tancredi for Congress PO Box 3756 Littleton, CO 80161-	US House CO 6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$4372.42
Rogers for Congress PO Box 581 Brighton, MT 48116-	In Kind paid to CHC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$627.58 MEMO
Rogers for Congress PO Box 581 Brighton, MI 48116-	US House MI 8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$4372.42
Rehberg for Congress 4401 Highway 3 Billings, MT 59106-	US House MT AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$4372.42
Rehberg for Congress 4401 Highway 3 Billings, MT 59106-	In Kind paid to CHC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/13/199	\$627.58 MEMO

SUBTOTAL of Disbursements This Page (optional)	\$13117.26
TOTAL This Period (Last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelley Moore Capito for Congress PO Box 11519 Charleston, WV 25339-	US House WV 2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/199	\$4372.42
Shelley Moore Capito for Congress PO Box 11519 Charleston, WV 25339-	In Kind paid to CBC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/199	\$627.59 MEMO
John Sweeney for Congress PO Box 4137 Clifton Park, NY 12065-	US House NY 22 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/199	\$2000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$6372.42
TOTAL This Period (last page this line number only)	\$121000.06

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed summary report.

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Segal 875 N. Michigan Ave. 20th Floor Chicago, IL 60611-	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/13/199	\$2000.00
B. 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)	/ /	Amount of Each Disbursement This Period
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)	/ /	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)	/ /	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)	/ /	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)	/ /	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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$2000.00
TOTAL This Period (last page this line number only)	\$2000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sunbelt Good Gov't Comm. Box D Jacksonville, FL 32203-	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/28/199	\$500.00
B. Full Name, Mailing Address and Zip Code Federal Express PAC 1980 Noncannah Blvd. Memphis, TN 38132-	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/31/199	\$2500.00
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):	/ /	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):	/ /	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):	/ /	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):	/ /	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):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$3000.00
TOTAL This Period (last page this line number only)	\$3000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
 Keep Our Majority Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Parker for Governor 111 West Jackson Street Ridgeland, MS 39157-	MS Governor Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/199	\$1000.00
B. 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)	/ /	
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)	/ /	
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)	/ /	
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)	/ /	
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)	/ /	
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)	/ /	

SUBTOTAL of Disbursements This Page (optional)	\$1000.00
TOTAL This Period (last page this line number only)	\$1000.00

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 1-28-00
<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>SEI</i> PREPARER	1-29-00 DATE PREPARED