

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Jan 31 5 38 PM '00
HAND DELIVERED

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) New Republican Majority Fund		2. FEC IDENTIFICATION NUMBER C00300483
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 228 South Washington St, Suite 200	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE Alexandria, VA 22314		

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 checked="" 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
6. Covering Period <u>05/01/99</u> through <u>06/30/99</u>		\$ 847,534.99
8. (a) Cash on Hand January 1, 19 <u>99</u>	\$ 477,570.47	
(b) Cash on Hand at Beginning of Reporting Period	\$ 218,922.98	\$ 1,308,523.53
(c) Total Receipts (from Line 18)	\$ 696,493.45	\$ 2,154,058.52
(d) Subtotal (add Lines 8(b) and 6(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 242,001.58	\$ 1,699,566.65
7. Total Disbursements (from Line 30)	\$ 454,481.87	\$ 454,481.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 7,470.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
Federal Election Commission
950 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
Stan Huckaby, Treasurer

Signature of Treasurer

Date

1/31/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X

(revised 8/83)

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

(revised 1/1/81)

NAME OF COMMITTEE: New Republican Majority Fund		REPORT COVERING PERIOD	
		FROM: 06/01/99	TO: 06/30/99
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Memorized (use Schedule A)	12,418.00	87,529.00
ii.	Unitemized	180,204.58	1,086,622.48
iii.	Total (add i and ii) >	172,622.58	1,174,151.48
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	44,800.00	105,100.00
d.	Total Contributions (add a iii, b and c) >	217,222.58	1,279,251.48
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	68.98	13,574.71
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,000.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,631.42	12,697.34
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Nonfederal Account for Joint Activity	218,922.98	1,306,523.63
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	218,922.98	1,306,523.63
20.	Total Federal Receipts (subtract line 18 from line 19) >		
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
i.	Federal Share	0.00	0.00
ii.	Non-Federal Share	230,933.58	1,812,343.43
b.	Other Federal Operating Expenditures (add a i, a ii, and b) >	230,933.58	1,812,343.43
c.	Total Operating Expenditures	0.00	0.00
22.	Transfers to Affiliated/Other Party Committees	10,568.00	86,568.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditures (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made		
28.	Refunds of Contributions To:	0.00	156.22
a.	Individuals/Persons Other Than Political Committees	0.00	0.00
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	0.00	156.22
d.	Total Contribution Refunds (add a, b and c) >	500.00	500.00
29.	Other Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	242,001.58	1,699,566.85
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	242,001.58	1,699,566.85
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	217,222.58	1,279,251.48
33.	Total Contribution Refunds (from line 28d)	0.00	156.22
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	217,222.58	1,278,095.26
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	230,933.58	1,812,343.43
36.	Offsets to Operating Expenditures (from line 15)	68.98	13,574.71
37.	Net Operating Expenditures (subtract line 36 from line 35) >	230,864.60	1,698,768.72

SCHEDULE D
 (Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Commitment (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
New Republican Majority Fund				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor James Reed 515 Robinson Court Alexandria, VA 22302	5,500.00	1,970.00	0.00	7,470.00
	*Reimbursed in December 1999-See Year End Report.			
Nature of Debt (Purpose): Unauthorized Personal Expenses				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				7,470.00
2) TOTALS This Period (last page in this line only)				7,470.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				7,470.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDVARD EVENSON 580 NE POPLAR, BOX 127 CLATSKANIE, OR 97016-0127	None	08/01/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code WILLIAM GILES 1755 N. CEDAR LANE VILLANOVA, PA 19085-2018	Philadelphia Phillies	06/01/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code KRIST APOG 700 S.W. 5TH STREET BOCA RATON, FL 33484-4818	None	06/01/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 356.00	
D. Full Name, Mailing Address and ZIP Code Seminole Tribe of FL 8300 Stirling Road Hollywood, FL 33024	None	06/02/99	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code Wayne O. Burkes 201 Shadow Wood Drive Clinton, MS 39056	Requesting Information	06/02/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requesting Information	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Georgette Mosbacher 712 Main Street Suite 2200 Houston, TX 77002	Georgette Mosbacher Ent.	06/02/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code CAL AARON 1528 IOWA PARK ROAD WICHITA FALLS, TX 76304	CAL-NEL INC.	06/02/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 4,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code RUTH HAYHURST 6081 SUELLEN COURT GOLETA, CA 93117-1780	Name of Employer Requesting Information	Date (month, day, year) 06/02/99	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Requesting Information Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code NICHOLAS HABRE 2525 E. 1ST STREET, #404 FORT MYERS, FL 33901-2432	Name of Employer None	Date (month, day, year) 06/04/99	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code DIXIE BAYER 35 HUNT MASTER COURT ORMOND BEACH, FL 32174-2442	Name of Employer None	Date (month, day, year) 06/07/99	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code MARGARET BLANKMEYER 130 BOSTON NECK RD NORTH KINGSTOWN, RI 02852-5788	Name of Employer None	Date (month, day, year) 06/07/99	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code MARY HOUCK 112 SUMACH STREET LOOKOUT MOUNTAIN, TN 37350-1132	Name of Employer None	Date (month, day, year) 06/07/99	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code RUTH MERILLAT 886 RICHLYN DRIVE ADRIAN, MI 49221-9298	Name of Employer None	Date (month, day, year) 06/07/99	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code FRANCES STAHL 2840 N OCEAN BLVD. APT. 607 FORT LAUDERDALE, FL 33308	Name of Employer None	Date (month, day, year) 06/07/99	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARLTON WILLIAMS 10840 MELVA ROAD LA MESA, CA 91841	Self Occupation: Doctor	06/07/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
IVANE SAULPAUGH 9888 DORCHESTER RD SUMMERVILLE, SC 29485-8564	None Occupation: Retired	06/07/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
LIDA MCCLELLAN P. O. BOX 48 CLARKSTON, WA 99403-2736	None Occupation: Retired	06/07/99	33.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 203.00		
EDALEE BRANDT 1122 GREENLAWN DRIVE PITTSBURGH, PA 15220-3104	None Occupation: Retired	06/10/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
ALLEEN FOOTE 318 LLOYD AVENUE #18 SANTA BARBARA, CA 93101-1352	Requesting Information Occupation: Requesting Information	06/11/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
VIOLET MILLER 405 WARAH STREET BOSCOBEL, WI 53805-1365	None Occupation: Retired	06/11/99	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 230.00		
LEONARD EMERSON 302 2ND AVENUE N. TWIN FALLS, ID 83301-6858	None Occupation: Retired	06/11/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,068.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUTH BRANDLIN 1310 MOUNT VEEDER ROAD NAPA, CA 94558-9712	None	05/14/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 400.00	
HAYDEN MOBERLY 7108 MC KAMY BLVD. DALLAS, TX 75248-1520	None	06/14/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.00	
ALICE WELDEN 54 FARMS VILLAGE ROAD SIMSBURY, CT 06070-2320	None	06/15/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,050.00	
BARBARA CHRISTIAN 3601 AXTON LANE GOSHEN, KY 40028-8743	Requesting Information	08/18/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requesting Information	Aggregate Year-to-Date > \$ 500.00	
HOWARD WHITNEY 500 DEERCLIFF ROAD AVON, CT 06001-2858	Requesting Information	08/16/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requesting Information	Aggregate Year-to-Date > \$ 250.00	
PETER ARONPRADITH RR 3 BOX 388 SPRINGDALE, AR 72782-8733	Self	08/18/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Turkey Grower	Aggregate Year-to-Date > \$ 380.00	
KRIST APOG 700 S.W. 5TH STREET BOCA RATON, FL 33484-4818	None	06/21/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 455.00	

SUBTOTAL of Receipts This Page (optional) 1,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN COPELAND 400 LEHR STREET WEST MEMPHIS, AR 72301-2967 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF	06/21/99	25.00
	Occupation: Farming		
	Aggregate Year-to-Date > \$ 225.00		
BERTRAM NEILL 8703 SEMINOLE STREET PHILADELPHIA, PA 19118-3707 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requesting Information	06/22/99	250.00
	Occupation: Requesting Information		
	Aggregate Year-to-Date > \$ 250.00		
F STANSBURY YOUNG 12000 NORTH 90TH STREET SCOTTSDALE, AZ 85260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requesting Information	06/22/99	500.00
	Occupation: Requesting Information		
	Aggregate Year-to-Date > \$ 500.00		
GARLAND RENEGAR 104 RIVER PLACE JACKSON, MS 39211-3019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	None	06/22/99	25.00
	Occupation: Retired		
	Aggregate Year-to-Date > \$ 215.00		
TIMOTHY MC NAMARA 23620 111TH ST. TREVOR, WI 53178-9583 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requesting Information	06/23/99	250.00
	Occupation: Requesting Information		
	Aggregate Year-to-Date > \$ 250.00		
M VAN WINKLE 760 RAYMOND AVENUE SANTA MARIA, CA 93455-2768 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	None	06/23/99	600.00
	Occupation: Retired		
	Aggregate Year-to-Date > \$ 1,300.00		
HERBERT HOOVER 8809 COLLINS AVENUE BAL HARBOUR, FL 33154 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requesting Information	06/25/99	500.00
	Occupation: Requesting Information		
	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 2,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer Requesting Information	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES BUIE 1920 OLD GREYLYN CIR. CONCORD, NC 28027-8091		06/30/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requesting Information		
	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
HOWARD CUSHMAN 12401 NORTH 22ND ST. #E207 TAMPA, FL 33612-4870	None	06/30/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	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
WESLEY LOOMIS III 700 JOHN RINGLING BLVD, #305 SARASOTA, FL 34236-1542	None	06/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date	\$ 1,500.00	
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)

850.00

TOTAL This Period (last page this line number only)

12,418.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11 c

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Bell Atlantic PAC 1300 I Street, N.W. Suite 400 West Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code Fund For Retail Growth PAC 750 Lakeshore Parkway Birmingham, AL 35211	Name of Employer Occupation	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 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 Ernst & Young PAC 1200 18th Street, NW Suite 400 Washington, DC 20036	Name of Employer Occupation	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code Oracle Corp. PAC 500 Oracle Parkway Box 659506 Redwood Shores, CA 94085	Name of Employer Occupation	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code NCR Citizenship Fund PAC 1299 Pennsylvania Avenue, N.W. Washington, DC 20004	Name of Employer Occupation	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 3,000.00	
F. Full Name, Mailing Address and ZIP Code Safari Club International PAC P.O. Box 159 Wapato, WA 98951	Name of Employer Occupation	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code American Insurance Assoc. PAC 1130 Connecticut Ave., N.W. Suite 1000 Washington, DC 20036	Name of Employer Occupation	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional) 20,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11 c

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

NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Countrywide PAC 166 N. Lane Ave. Pasadena, CA 91109		08/02/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peat Marwick PAC P.O. Box 18254 Washington, DC 20036		06/02/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Price Waterhouse Part. PAC 1801 K St, NW, Suite 700 Washington, DC 20006		06/02/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Union Pacific Fund for Effective Gov't 600 13th Street, N.W. Suite 340 Washington, DC 20005		08/02/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BellSouth Telecom PAC 1133 21st Street NW #900 Washington, DC 20036		06/02/99	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 1,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Andersen PAC 1866 K Street, NW Washington, DC 20006		08/02/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Countrywide PAC 166 N. Lane Ave. Pasadena, CA 91109		08/02/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 2,000.00	

SUBTOTAL of Receipts This Page (optional)

23,500.00

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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allstate Insurance Co. PAC 666 16th Street, N.W. Suite 700 Washington, DC 20006		06/02/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
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)	1,000.00
TOTAL This Period (last page this line number only)	44,600.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code BB&T 1722 Eye Street, N.W. Washington, DC 20008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,631.42
	Occupation Interest	08/30/98	
	Aggregate Year-to-Date > \$ 12,897.34		
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 1,631.42

TOTAL This Period (last page this line number only) 1,631.42

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 21B

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

NAME OF COMMITTEE (In Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bret Boyles 2801 N. 27th Street Arlington, VA 22207	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/99	139.61
James C. Reed 515 Robinson Court Alexandria, VA 22302	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/99	1,113.01
James C. Reed 515 Robinson Court Alexandria, VA 22302	Unauthorized Personal Expenses(*) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/99	235.00
James C. Reed 515 Robinson Court Alexandria, VA 22302	Unauthorized Personal Expenses(*) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/99	500.00
James C. Reed 515 Robinson Court Alexandria, VA 22302	Unauthorized Personal Expenses(*) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/99	250.00
James C. Reed 515 Robinson Court Alexandria, VA 22302	Unauthorized Personal Expenses(*) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/99	235.00
Psychex P.O. Box 2850 Merfield, VA 22116-2950	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/15/99	887.98
Commonwealth of Virginia State Corporation Commission P.O. Box 85022 Richmond, VA 23261-5022	Corporate Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/16/99	1,588.85
Internal Revenue Service Philadelphia, PA 19255	Payroll Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/16/99	2,280.00

SUBTOTAL of Disbursements This Page (optional)

7,049.45

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Philadelphia, PA 19215	1120POL Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/18/99	8,210.30
B. Full Name, Mailing Address and ZIP Code Torpedo Factory & Associates 201 N. Union Street Alexandria, VA 2314	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/22/99	1,230.93
C. Full Name, Mailing Address and ZIP Code Torpedo Factory & Associates 201 N. Union Street Alexandria, VA 2314	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/22/99	2,461.86
D. Full Name, Mailing Address and ZIP Code Colonial Parking 227 S. Washington Street Alexandria, VA 22314	Purpose of Disbursement Parking Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/22/99	100.00
E. Full Name, Mailing Address and ZIP Code Direct Impressions 2040 Westmoreland Street Richmond, VA 23230	Purpose of Disbursement Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/22/99	16,056.07
F. Full Name, Mailing Address and ZIP Code Circular Advertising 1500 S. Monroe Street Baltimore, MD 21230	Purpose of Disbursement Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/22/99	6,957.18
G. Full Name, Mailing Address and ZIP Code Associated Computers & Mailing Services 7201 Lockport Place Lorton, VA 22079	Purpose of Disbursement Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/22/99	18,653.85
H. Full Name, Mailing Address and ZIP Code U.S. Postmaster 2901 Blackbridge Road York, PA 17402	Purpose of Disbursement BRE Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/22/99	5,000.00
I. Full Name, Mailing Address and ZIP Code Bell Atlantic NYNEX Mobile 1304 G Street, N.W. Washington, DC 20005	Purpose of Disbursement Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/22/99	185.06
SUBTOTAL of Disbursements This Page (optional)			58,056.28
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Response List Marketing 805 King Street Suite 400 Alexandria, VA 22314	List Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	59,740.92
B. Full Name, Mailing Address and ZIP Code Paychex P.O. Box 2950 Merrifield, VA 22116-2950	Payroll Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	70.23
C. Full Name, Mailing Address and ZIP Code Patton Boggs, L.L.P. 2550 M Street, N.W. Washington, DC 20037	Legal Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	542.55
D. Full Name, Mailing Address and ZIP Code U.S. Life Insurance Company 3600 Route 86 VA Unit MSN 3D Naptune, NJ 07754	Insurance Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	212.10
E. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 646 Baltimore, MD 21265-0646	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	27.27
F. Full Name, Mailing Address and ZIP Code Huckaby and Associates 228 S. Washington Street, Suite 200 Alexandria, VA 22134	FEC Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	2,243.15
G. Full Name, Mailing Address and ZIP Code Butera and Andrews 1301 Pennsylvania Ave., N.W. Suite 500 Washington, DC 20004	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	97.80
H. Full Name, Mailing Address and ZIP Code Boyce Creative Services 805 King Street Suite 405 Alexandria, VA 22314	Direct Mail Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	81,449.53
I. Full Name, Mailing Address and ZIP Code New York Life Mail Drop 11-1 One Liberty Plaza New York, NY 10008-1401	Insurance Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/22/99	638.70

SUBTOTAL of Disbursements This Page (optional)	155,022.25
TOTAL This Period (last page this five number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New York Life Mail Drop 11-1 One Liberty Plaza New York, NY 10006-1401	Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	1,277.40
B. Full Name, Mailing Address and ZIP Code James C. Reed 515 Robinson Court Alexandria, VA 22302	Unauthorized Personal Expenses(*) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/99	250.00
C. Full Name, Mailing Address and ZIP Code Price Club 1200 S. Fern Street Alexandria, VA 22302	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/99	232.68
D. Full Name, Mailing Address and ZIP Code Capital Office Solutions 23101 Kilm Court Beltsville, MD 20705	Equipment Purchase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/99	5,798.70
E. Full Name, Mailing Address and ZIP Code James C. Reed 516 Robinson Court Alexandria, VA 22302	Unauthorized Personal Expenses(*) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/23/99	600.00
F. Full Name, Mailing Address and ZIP Code Huff Printing 1100 17th Street N.W. Washington, DC 20036	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/26/99	-387.84
G. Full Name, Mailing Address and ZIP Code James C. Reed 515 Robinson Court Alexandria, VA 22302	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/99	1,113.01
H. Full Name, Mailing Address and ZIP Code Psychex P.O. Box 2960 Merrifield, VA 22116-2960	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/99	697.88
I. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Disbursements This Page (optional)

8,471.93

TOTAL This Period (last page this line number only)

230,588.89

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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)
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Airfare-InKind	Date (month, day, year)	Amount of Each Disbursement This Period 2,088.00 (In-Kind)
Lockheed Martin 1725 Jefferson Davis Hwy. Crystal Sq. # 2, Suite 300 Arlington, VA 22202	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/03/89	
B. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns P.O. Box 70387 Washington, DC 20024	Purpose of Disbursement Airfare-InKind	Date (month, day, year) 06/03/89	Amount of Each Disbursement This Period 2,088.00 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code Dan Sherwood for Congress 326 S. State Street Clarks Summit, PA 18411	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/23/89	2,500.00
D. Full Name, Mailing Address and ZIP Code Lincoln Chaffee for Senate 1500 Post Road Airport Plaza Suite 13 Warwick, RI 02886	Purpose of Disbursement Lincoln Chaffee, RI	Date (month, day, year) 06/23/89	Amount of Each Disbursement This Period 5,000.00
E. Full Name, Mailing Address and ZIP Code Mississippi Republican Party P.O. Box 60 Jackson, MS 39205	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1989	06/30/89	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	10,588.00
TOTAL This Period (last page this line number only)	10,588.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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)

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Mississippi Federation of College Republicans P.O. Box 4342 University, MS 38677	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/30/98	Amount of Each Disbursement This Period 500.00
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)	Date (month, day, year)	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)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	600.00

**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 1-31-00
<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>SM</i> PREPARER	1-31-00 DATE PREPARED