

Empire Majority Leadership Fund

Honorary Chairman

Bill Paxon

April 7, 1998

Neil Evans
Federal Election Commission
999 E St., NW
Washington, DC 20463

Re: ID Number: C00312710

Dear Mr. Evans:

This is in response to your letters regarding reportable activities to the FEC during the final reporting periods in 1997 and February report of activities occurring in January 1998.

With respect to administrative expenses, the operating expenses, principally rent, utilities, salaries, telephone and facsimile services, are included in the fees paid to Deloitte & Touche LLP for recordkeeping and accounting services. The Treasurer's services (personal time) are voluntary.

The information regarding the names and addresses of payees is contained in the attached amended reports for the periods in question.

The Line 23 entries for the February Monthly Report have been corrected and are noted in the amended filing.

Very Truly Yours,


Maria Cirio
Treasurer

P.O. Box 456, Washington, D.C. 20044-0456 1-888-388-2954

Authorized and Paid for by the Empire Majority Leadership Fund.
Donations are not deductible as charitable contributions for income tax purposes. Corporate contributions are not accepted.

RECEIVED
FEDERAL ELECTION
COMMISSION
APR 14 12 25 PM '98

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Empire Majority Leadership Fund		APR 14 12 15 PM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 456	2. FEC IDENTIFICATION NUMBER C00312710	
CITY, STATE and ZIP CODE Washington, DC 20244-0456	3. <input checked="" type="checkbox"/> This committee has qualified as a multiscandidate committee. (See FEC FORM 1M)	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding Special General _____
(Type of Election)
election on 11/04/97 in the State of NY
- 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>07/01/97</u> through <u>10/15/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 28,868.81
(b) Cash on Hand at Beginning of Reporting Period	\$ 41,266.37	
(c) Total Receipts (from line 19)	\$ 24,987.73	\$ 50,579.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 66,254.10	\$ 79,448.61
7. Total Disbursements (from Line 30)	\$ 31,281.28	\$ 44,475.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 34,972.82	\$ 34,972.82
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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 Maria Cino	Date 4/8/98
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 18 U.S.C. §437g.

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

NAME OF COMMITTEE Empire Majority Leadership Fund	REPORT COVERING PERIOD	
	FROM: 07/01/97	TO: 10/15/97
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) from:		
a. Individuals/Persons Other Than Political Committees		
I. Itemized (Use Schedule A).....	3,750.00	8,000.00
II. Unitemized.....	0.00	0.00
III. Total.....(add i and ii)>	3,750.00	8,000.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	21,000.00	42,000.00
d. Total Contributions.....(add aiii,b and c)>	24,750.00	50,000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	237.73	579.80
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d,12,13,14,15,16,17,and 18)>	24,987.73	50,579.80
20. Total Federal Receipts.....(subtract line 18 from line 19)>	24,987.73	50,579.80
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	11,281.28	13,764.79
c. Total Operating Expenditures.....(Add a,all, and b)>	11,281.28	13,764.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20,000.00	30,711.00
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.....	0.00	0.00
28. Refunds of Contributions To:		
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	0.00
d. Total Contribution Refunds.....(Add a,b, and c)>	0.00	0.00
28. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c,22,23,24,25,26,27,28d, and 28e)>	31,281.28	44,475.79
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30)>	31,281.28	44,475.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	24,750.00	50,000.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	24,750.00	50,000.00
35. Total Federal Operating Expenditures.....(add 21 aI and 21 b)>	11,281.28	13,764.79
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	11,281.28	13,764.79

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) 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)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code CSX Good Government Fund P.O. Box C-32222 Richmond, VA 23261		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	07/10/97	
		Aggregate Year-to-date > \$		1,500.00
B. Full Name, Mailing Address and Zip Code RJR Political Action Committee P.O. Box 718 Winston-Salem, NC 27102		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	07/10/97	
		Aggregate Year-to-date > \$		1,500.00
C. Full Name, Mailing Address and Zip Code American International Group Employee PAC 1455 Penn Ave, NW Suite 900 Washington, DC 20004		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	07/10/97	
		Aggregate Year-to-date > \$		1,500.00
D. Full Name, Mailing Address and Zip Code New York Life Political Action Committee 51 Madison Ave. New York, NY 10010		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	08/12/97	
		Aggregate Year-to-date > \$		2,000.00
E. Full Name, Mailing Address and Zip Code American General Corporation PAC 2929 Allen Parkway Houston, TX 77019		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	08/12/97	
		Aggregate Year-to-date > \$		1,000.00
F. Full Name, Mailing Address and Zip Code Guardian Life PAC 201 Park Avenue South New York, NY 10003		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	08/12/97	
		Aggregate Year-to-date > \$		1,000.00
G. Full Name, Mailing Address and Zip Code Metropolitan Life Insurance Company (MetLife) Suite 800 1620 L Street NW Washington, DC 20036		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	08/14/97	
		Aggregate Year-to-date > \$		2,000.00

SUB TOTAL of Receipts This Page (Optional).....> **10,500.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code MONY Political Action Committee-Federal 1740 Broadway New York, NY 10019	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	08/14/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
B. Full Name, Mailing Address and Zip Code Equitable Life Assurance Society PAC 1290 Ave. of the Americas New York, NY 10104	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	08/14/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		2,000.00
C. Full Name, Mailing Address and Zip Code Mutual of Omaha Companies PAC Mutual of Omaha Plaza Omaha, NE 68175	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	08/18/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		2,000.00
D. Full Name, Mailing Address and Zip Code The Smith Barney Government Committee 388 Greenwich St. New York, NY 10013	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	08/27/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		2,000.00
E. Full Name, Mailing Address and Zip Code The Blue Cross and Blue Shield Assoc. PAC-CARE PAC 1310 G Street, NW 12th Floor Washington, DC 20005	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	09/10/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
F. Full Name, Mailing Address and Zip Code Williams & Jensen, PC PAC Account 1155-21ST Street NW Suite 300 Washington, DC 20036	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	10/03/97	
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 Winston & Strawn PAC 1400 L Street NW Washington, DC 20005	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	10/03/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00

SUB TOTAL of Receipts This Page (Optional) > **9,000.00**

TOTAL this Period (Last page this line number only) >

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

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)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code Van Ness Feldman, PC PAC 1050 Thomas Jefferson St., NW Washington, DC 20007	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	10/03/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
B. Full Name, Mailing Address and Zip Code Union Pacific Fund for Effective Govt. 555 13th Street, NW Suite 450 West Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	10/14/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		3,500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,500.00
TOTAL this Period (Last page this line number only).....>	21,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code Richard Davis 1630 Courtland Rd. Alexandria, VA 22306	Name of Employer Davis, Manfort, and Friedman	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 1,000.00
	Occupation Principal	Aggregate Year-to-date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Deborah Hohlt 209 Princess St. Alexandria, VA 22314	Name of Employer Ely, Lily and Company	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 500.00
	Occupation Consultant	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Richard Hohlt 209 Princess St Alexandria, VA 22314	Name of Employer Hohlt and Associates	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 500.00
	Occupation Principal	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Raymond McGuire 329 E. Capitol Street SE Washington, DC 20003	Name of Employer Retired	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 250.00
	Occupation Retired	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Joseph Stanton 1411 Mayhurst Blvd. McLean, VA 22102	Name of Employer Beer Institute	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 500.00
	Occupation Government Affairs, Beer Institute	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Raymond McGrath 122 C Street NW Suite 750 Washington, DC 20001-2109	Name of Employer Beer Institute	Date (Month day, Year) 10/10/97	Amount of Each Receipt this Period 1,000.00
	Occupation President	Aggregate Year-to-date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	3,750.00
TOTAL this Period (Last page this line number only).....>	3,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code Citibank, F.S.B. 1001 Penn. Avenue, NW Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/31/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		78.57
420.64			
B. Full Name, Mailing Address and Zip Code Citibank, F.S.B. 1001 Penn. Avenue, NW Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	08/29/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		80.07
500.71			
C. Full Name, Mailing Address and Zip Code Citibank, F.S.B. 1001 Penn. Avenue, NW Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	09/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		79.09
579.80			
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional).....>			237.73
TOTAL this Period (Last page this line number only).....>			237.73

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		
21B		

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NAME OF COMMITTEE (in Full)
 Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code Bill Paxton 2412 Rayburn Bldg. Washington, DC 20515	Purpose of Disbursement In kind for travel expenses to Rogan event Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 07/15/97	Amount of Each Disb. this Period 480.87 (In-Kind)
B. Full Name, Mailing Address and Zip Code epiphany productions 1300 I Street, NW Suite 1010, East Tower Washington, DC 20005	Purpose of Disbursement fundraising services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 07/31/97	Amount of Each Disb. this Period 2,325.00
C. Full Name, Mailing Address and Zip Code Citibank, F.S.B. P.O. Box 19748 Washington, DC 20036-0748	Purpose of Disbursement Monthly service charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 07/31/97	Amount of Each Disb. this Period 10.72
D. Full Name, Mailing Address and Zip Code Deloitte & Touche LLP PO Box 277694 Atlanta, GA 30384-7694	Purpose of Disbursement Initial start up fees and monthly maintenance Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/13/97	Amount of Each Disb. this Period 2,825.00
E. Full Name, Mailing Address and Zip Code Deloitte & Touche LLP PO Box 277694 Atlanta, GA 30384-7694	Purpose of Disbursement Monthly maintenance and PAC software upgrade. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/13/97	Amount of Each Disb. this Period 2,050.00
F. Full Name, Mailing Address and Zip Code Amy Bruce 11891 Homestead Place Waldorf, MD 20601	Purpose of Disbursement Lock box service for month of May Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/13/97	Amount of Each Disb. this Period 50.00
G. Full Name, Mailing Address and Zip Code Amy Bruce 11891 Homestead Place Waldorf, MD 20601	Purpose of Disbursement Lock box service for month of June. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/13/97	Amount of Each Disb. this Period 50.00
H. Full Name, Mailing Address and Zip Code Citibank, F.S.B. P.O. Box 19748 Washington, DC 20036-0748	Purpose of Disbursement Monthly service charges Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/29/97	Amount of Each Disb. this Period 12.88
I. Full Name, Mailing Address and Zip Code Bill Paxton 2412 Rayburn Bldg. Washington, DC 20515	Purpose of Disbursement In kind for airfare to Souder event Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 09/19/97	Amount of Each Disb. this Period 853.99 (In-Kind)

SUB TOTAL of Disbursements this page (Optional).....>	8,658.46
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code Deloitte & Touche LLP PO Box 277694 Atlanta, GA 30384-7694	Purpose of Disbursement Fee for services rendered 7/97 and 8/97 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 09/26/97	Amount of Each Disb. this Period 600.00
B. Full Name, Mailing Address and Zip Code Citibank, F.S.B. P.O. Box 19748 Washington, DC 20036-0748	Purpose of Disbursement Monthly service fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 09/30/97	Amount of Each Disb. this Period 10.44
C. Full Name, Mailing Address and Zip Code Katy Toomey 3408 North Pershing Dr. Arlington, VA 22201	Purpose of Disbursement Invoice for fundraiser on 9/20 VA event Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 10/03/97	Amount of Each Disb. this Period 1,392.64
D. Full Name, Mailing Address and Zip Code American Express 200 Vesey Street New York, NY 10285	Purpose of Disbursement In kind for hotel expenses to Souder event Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 10/03/97	Amount of Each Disb. this Period 289.07 (In-Kind)
E. Full Name, Mailing Address and Zip Code David Marventano 7004 D Ellingham Circle Kingstowne, VA 22315	Purpose of Disbursement For expenses in connection with fundraising Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 10/07/97	Amount of Each Disb. this Period 330.67
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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	2,622.82
TOTAL this Period (Last page this line number only).....>	11,281.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		23

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NAME OF COMMITTEE (in Full)
 Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rogan for Congress Committee P.O. Box 36 Montrose, CA 91021	In kind for travel expenses to Rogan event Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/15/97	480.87 (Memo In-Kind)
Rogan for Congress Committee P.O. Box 36 Montrose, CA 91021	James E. Rogan, U.S. HOUSE 27th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/31/97	1,191.87
Rogan for Congress Committee P.O. Box 36 Montrose, CA 91021	James E. Rogan, U.S. HOUSE 27th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/31/97	2,808.13
Friends of Alfonse D'Amato PO Box 888 Mineola, NY 11501	M. D'Amato, NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/19/97	5,000.00
Fossella for Congress P.O. Box 060248 New Dorp Station Staten Island, NY 10306	Vito Fossella, U.S. HOUSE 13th NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	09/19/97	5,000.00
Souder for Congress Committee PO Box 400 Grabill, IN 46741	In kind for airfare to Souder event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/19/97	853.99 (Memo In-Kind)
Friends of Alfonse D'Amato PO Box 888 Mineola, NY 11501	M. D'Amato, NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	5,000.00
Souder for Congress Committee PO Box 400 Grabill, IN 46741	In kind for hotel expenses to Souder event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/03/97	289.07 (Memo In-Kind)
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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	20,000.00
TOTAL this Period (Last page this line number only).....>	20,000.00

