

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE C00117721 LADONNA DODGE CONGRESSIONAL MAJORITY COMMITTEE (FKA) 96TH CLUB CAMPAIGN CO 3 WEST LENOX ST CHEVY CHASE MD 20815		101998 n 236 00	FEDERAL ELECTION MISSION MAIL ROOM RECEIVED DEC 7 3 59 PM '98
2. FEC IDENTIFICATION NUMBER C00117721			
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)			

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on Nov 3, 1998 in the State of CA

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10-15-98</u> through <u>11-23-98</u>		\$ 1247.50
6. (a) Cash on Hand January 1, 19__		
(b) Cash on Hand at Beginning of Reporting Period	\$ 4124.67	
(c) Total Receipts (from Line 19)	\$ 17500.00	\$ 58800.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 58624.67	\$ 60047.50
7. Total Disbursements (from Line 30)	\$ 9209.03	\$ 10631.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 49415.64	\$ 49415.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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: Ladonna J Dodge

Signature of Treasurer: Ladonna J Dodge Date: 11-3-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <i>Congressional Majority Committee</i>	REPORT COVERING PERIOD FROM <i>10-15-98</i> TO: <i>11-23-98</i>	
	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. Itemized (use Schedule A)	<i>1000.00</i>	<i>4800.00</i>
ii. Unitemized		
iii. Total (add i and ii) >	<i>1000.00</i>	<i>4800.00</i>
b. Political Party Committees		
c. Other Political Committees (such as PACs)	<i>16500.00</i>	<i>54800.00</i>
d. Total Contributions (add a ii, b and c) >	<i>17500.00</i>	<i>58800.00</i>
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>17500.00</i>	<i>58800.00</i>
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>17500.00</i>	<i>58800.00</i>
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	<i>4085.25</i>	<i>5508.08</i>
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>5000.00</i>	<i>5000.00</i>
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements	<i>123.74</i>	<i>123.74</i>
30. Total Disbursements (add 21 a, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>9209.03</i>	<i>10631.86</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>9209.03</i>	<i>10631.86</i>
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	<i>17500.00</i>	<i>58800.00</i>
33. Total Contribution Refunds (from line 28d)	<i>Ø</i>	
34. Net Contributions (other than loans)(subtract line 33 from 32)	<i>17500.00</i>	<i>58800.00</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>4085.25</i>	<i>5508.08</i>
36. Offsets to Operating Expenditures (from line 15)	<i>Ø</i>	
37. Net Operating Expenditures (subtract line 36 from 35) >	<i>4085.25</i>	<i>5508.08</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE / OF /
FOR LINE NUMBER

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)

Congressional Majority Committee C00117721

A. Full Name, Mailing Address and ZIP Code Well Point Health Networks PAC 2155 S Oxford St Woodland Hills CA 91367	Name of Employer Multi Candidate Committee	Date (month, day, year) 11/12/98	Amount of Each Receipt this Period 2500. ⁰⁰
	Occupation Aggregate Year-to-Date > \$ 2500		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code Nareit PAC 1129 20th St NW #305 Washington DC 20036	Name of Employer Multi Candidate Committee	Date (month, day, year) 10/23/98	Amount of Each Receipt this Period 5000. ⁰⁰
	Occupation Aggregate Year-to-Date > \$ 5000. ⁰⁰		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code Wine Institute PAC 425 Market St # 1000 San Francisco CA 94105	Name of Employer C 00065219	Date (month, day, year) 10/29/98	Amount of Each Receipt this Period 3000. ⁰⁰
	Occupation Aggregate Year-to-Date > \$ 3000. ⁰⁰		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code Physical Therapy PAC 1111 N. Fairfax St. Alexandria VA 22314	Name of Employer Multi Candidate Committee	Date (month, day, year) 10/30/98	Amount of Each Receipt this Period 3000. ⁰⁰
	Occupation Aggregate Year-to-Date > \$ 4000. ⁰⁰		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code Aetna Inc. PAC 151 Farmington Ave Hartford Connecticut 06156	Name of Employer Multi Candidate Committee	Date (month, day, year) 10/15/98	Amount of Each Receipt this Period 3000. ⁰⁰
	Occupation Aggregate Year-to-Date > \$ 4000. ⁰⁰		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. 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):			

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):			

SUBTOTAL of Receipts This Page (optional)

140⁻

TOTAL This Period (last page this line number only)

16500.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full) *Congressional Majority Committee C00117721*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Deborah L. Steelman 8523 Georgetown Pike McLean VA 22102</i>	<i>Law offices of Deborah Steelman</i>	<i>10/15/98</i>	<i>1000.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <i>attorney</i>		
	Aggregate Year-to-Date <i>> \$ 2000.00</i>		
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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date <i>> \$</i>		
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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date <i>> \$</i>		
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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date <i>> \$</i>		
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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date <i>> \$</i>		
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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date <i>> \$</i>		
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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date <i>> \$</i>		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) *1000.00*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 11
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Congressional Majority Committee C0017721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>TX-24</u> <u>Shawn Terry for Congress</u> <u>2634 S. Carter Pkwy</u> <u>Grand Prairie TX 75052</u>	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/19/98</u>	<u>2000.⁰⁰</u>
<u>Brent Winters - IL 19</u> <u>P.O. Box 524</u> <u>Charleston, IL C00328740</u>	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/19/98</u>	<u>2000.⁰⁰</u>
<u>MI-12</u> <u>Leslie Touma</u> <u>P.O. Box 100</u> <u>Royal Oak MI 48068</u>	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/22/98</u>	<u>1000.⁰⁰</u>
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)

TOTAL This Period (last page this line number only)

5000.⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

Congressional Majority Committee 000119721

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victory Funds 2505 Stonegate Dr. N. Bedford TX 76024	Phone Bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/98	212. ⁷⁴
B. Full Name, Mailing Address and ZIP Code Design Cuisine 2657 Shulington Rd Arlington VA 22206	Purpose of Disbursement Catering Invoice Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	430.23
C. Full Name, Mailing Address and ZIP Code Chase Mastercard - P.O. Box 52061 Phoenix AZ 85072	Purpose of Disbursement Airfare Northwest Airlines Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/98	735. ⁰⁰
D. Full Name, Mailing Address and ZIP Code Loyds Aviation 2827 Hanger Way Bakersfield CA 93308	Purpose of Disbursement Airfare Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/98	980. ⁰⁰
E. Full Name, Mailing Address and ZIP Code U.S. Bank Natl Assn. ND P.O. Box 6301 Fargo ND 58125	Purpose of Disbursement Airfare & Lodging Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/98	727. ²⁸
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)

TOTAL This Period (last page this line number only)

4085.25

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12-3-98
<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	
PC	12-7-98
PREPARER	DATE PREPARED