

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION 1778 7700

AUG 22 10 45 AM '97

1. NAME OF COMMITTEE (in full) New Republican Majority Fund	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 228 S. Washington Street, Suite 200	2. FEC IDENTIFICATION NUMBER 000300483
CITY, STATE and ZIP CODE Alexandria, VA 22314	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ 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>7/01/97</u> through <u>7/31/97</u>		
6. (a) Cash on Hand January 1, 19____		\$ 413,459.16
(b) Cash on Hand at Beginning of Reporting Period	\$ 845,093.06	
(c) Total Receipts (from Line 19)	\$ 336,942.80	\$ 1,919,764.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1,182,035.86	\$ 2,333,224.01
7. Total Disbursements (from Line 30)	\$ 300,707.51	\$ 1,451,895.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 881,328.35	\$ 881,328.35
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 800-424-9530 Local 202-219-3420
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 Stan Huckaby, Treasurer	
Signature of Treasurer 	Date 8/20/97

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

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FEC 1

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

(revised 1/1/91)

NAME OF COMMITTEE New Republican Majority Fund		REPORT COVERING PERIOD FROM 7/01/97 TO 7/31/97	
		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)		83,400.00	325,300.00
ii. Unitemized		182,183.93	1,037,955.27
iii. Total (add i and ii) >		265,583.93	1,363,255.27
b. Political Party Committees		-0-	500.00
c. Other Political Committees (such as PACs)		69,000.00	539,300.00
d. Total Contributions (add a iii, b and c) >		334,583.93	1,903,055.27
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		340.66	10,632.95
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		2,018.21	6,076.63
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		336,942.80	1,919,764.85
20. Total Federal Receipts (subtract line 18 from line 19) >		336,942.80	1,919,764.85
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		289,707.51	1,357,895.66
c. Total Operating Expenditures (add a i, a ii, and b) >		289,707.51	1,357,895.66
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		11,000.00	94,000.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (add a, b and c) >		-0-	-0-
29. Other Disbursements		-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		300,707.51	1,451,895.66
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		300,707.51	1,451,895.66
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		334,583.93	1,903,055.27
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		334,583.93	1,903,055.27
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		289,707.51	1,357,895.66
36. Offsets to Operating Expenditures (from line 15)		340.66	10,632.95
37. Net Operating Expenditures (subtract line 36 from 35) >		289,366.85	1,347,262.71

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)
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
Linda B. Ford 215 Shadow Road Bellevue, NE 68005	Self Occupation Physician	07/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
Albert M. Engles 117 S. 123rd Street Omaha, NE 68154-2246	Hansen, Engles & Lockett Occupation Attorney	07/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
George Haddix 7411 Madison Street Ralston, NE 68127	CSG Systems Occupation President	07/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
John J. Hejcek 8900 W. Dodge Road Omaha, NE 68114	Self Occupation Plastic Surgeon	07/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
David L. Sokol 302 S. 36th Street Suite 400 Omaha, NE 68113	CalEnergy Company Occupation President	07/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
R. F. Morrison 2244 S 86th Avenue Omaha, NE 68124-2136	None Occupation Retired	07/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
Gayle-Ann Douglas 620 Franklin Drive Crete, NE 68333-2513	None Occupation Housewife	07/30/97	500.00
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).....>			3,500.00
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 Nancy A. McCarthy 12912 Western Circle Omaha, NE 68154		Name of Employer McCarthy Investments	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 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	
B. Full Name, Mailing Address and Zip Code Charles W. Durham 8401 West Dodge Road # 100 Omaha, NE 68114		Name of Employer Self	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Investments	Aggregate Year-to-date > \$ 500.00	
C. Full Name, Mailing Address and Zip Code John W. Weekly 26747 Blonde Court Waterloo, NE 68069		Name of Employer Mutual Insurance of Omaha	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 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	
D. Full Name, Mailing Address and Zip Code Ronald L. Howlett 9755 Westchester Drive Omaha, NE 68114		Name of Employer Omaha Steel Casting	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation President	Aggregate Year-to-date > \$ 500.00	
E. Full Name, Mailing Address and Zip Code Peter N. Lahti 6620 Underwood Avenue Omaha, NE 68132		Name of Employer Self	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Investments	Aggregate Year-to-date > \$ 500.00	
F. Full Name, Mailing Address and Zip Code Roman L. Hruska 2139 S. 38th Street Omaha, NE 68105		Name of Employer None	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation U.S. Senator, Retired	Aggregate Year-to-date > \$ 500.00	
G. Full Name, Mailing Address and Zip Code Jon Christensen 8712 W. Dodge Road Suite 350 Omaha, NE 68114		Name of Employer None	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Retired	Aggregate Year-to-date > \$ 500.00	
SUB TOTAL of Receipts This Page (Optional).....>				3,500.00
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 John Y. McCollister 6438 S. 120th Plaza Omaha, NE 68137		Name of Employer None	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Retired	Aggregate Year-to-date > \$ 500.00	
B. Full Name, Mailing Address and Zip Code Peter T. Madigan 611 N. View Terrace Alexandria, VA 22301		Name of Employer Boland and Madigan	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Executive	Aggregate Year-to-date > \$ 5,000.00	
C. Full Name, Mailing Address and Zip Code A.J. Clark 7500 Old Georgetown Road Bethesda, MD 20814-6195		Name of Employer Clark Construction	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Executive	Aggregate Year-to-date > \$ 5,000.00	
D. Full Name, Mailing Address and Zip Code E. Floyd Kvanme 19490 Glen Una Drive Saratoga, CA 95070		Name of Employer Self	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Investments	Aggregate Year-to-date > \$ 5,000.00	
E. Full Name, Mailing Address and Zip Code Matt Butler 10770 I Street Omaha, NE 68127		Name of Employer Butler Holdings	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation CEO	Aggregate Year-to-date > \$ 500.00	
F. Full Name, Mailing Address and Zip Code J.T. Batterberg 1650 Rathmor Road Bloomfield Hills, MI 48304		Name of Employer General Motors	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Executive Vice President	Aggregate Year-to-date > \$ 5,000.00	
G. Full Name, Mailing Address and Zip Code W.S. Farrish P.O. Box 626 Versailles, KY 40383		Name of Employer Self	Date (Month day, Year) 07/30/97	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 Investments	Aggregate Year-to-date > \$ 1,000.00	
SUB TOTAL of Receipts This Page (Optional)>				22,000.00
TOTAL this Period (Last page this line number only)>				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

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FOR LINE NUMBER

11 a

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NAME OF COMMITTEE (in full)

New Republican Majority Fund

<p>A. Full Name, Mailing Address and Zip Code Walter H. Van Buren 1721 Paper Mill Road Meadowbrook, PA 19046-9645</p>	<p>Name of Employer Posse, Walsh, Buckman & Van Buren</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Insurance</p>		<p>Aggregate Year-to-date > \$ 400.00</p>
<p>B. Full Name, Mailing Address and Zip Code Jean C. Lindsey P.O. Box 2766 Laurel, MS 39442</p>	<p>Name of Employer Brandon Cu.</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Executive</p>		<p>Aggregate Year-to-date > \$ 5,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Paul R. Huard 11201 Farmland Drive Rockville, MD 20852</p>	<p>Name of Employer Nat'l Assoc. of Manufactures</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 4,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Senior V.P.</p>		<p>Aggregate Year-to-date > \$ 5,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Peter C. Browning 1400 West Carolina Avenue Hartsville, SC 29550</p>	<p>Name of Employer Info Requested</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Info Requested</p>		<p>Aggregate Year-to-date > \$ 5,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Ernest S. Micek 6741 Valley View Road Edina, MN 55439</p>	<p>Name of Employer Info Requested</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Info Requested</p>		<p>Aggregate Year-to-date > \$ 5,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Deborah Steelman 8523 Georgetown Pike McLean, VA 22102</p>	<p>Name of Employer Self</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Attorney</p>		<p>Aggregate Year-to-date > \$ 5,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Albert E. Suter P.O. Box 875 St. Louis, MO 63101-1845</p>	<p>Name of Employer Info Requested</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Occupation Info Requested</p>		<p>Aggregate Year-to-date > \$ 2,000.00</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>26,400.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

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 Info Requested	Date (Month day, Year)	Amount of Each Receipt this Period
Ronald P. Sandmeyer One Sandmeyer Lane Philadelphia, PA 19116-3598 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Aggregate Year-to-date > \$	07/30/97 5,000.00	5,000.00
B. Full Name, Mailing Address and Zip Code David M. Smick 1133 Connecticut Avenue, N.W. # 901 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Info Requested Occupation Aggregate Year-to-date > \$	Date (Month day, Year) 07/30/97 5,000.00	Amount of Each Receipt this Period 5,000.00
C. Full Name, Mailing Address and Zip Code Lanny Griffith 1101 Connecticut Ave., N.W. Suite 800 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Info Requested Occupation Aggregate Year-to-date > \$	Date (Month day, Year) 07/30/97 5,000.00	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and Zip Code Jeremy M. Jacobs 1300 N. Davis Road East Aurora, NY 14052 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Info Requested Occupation Aggregate Year-to-date > \$	Date (Month day, Year) 07/30/97 5,000.00	Amount of Each Receipt this Period 5,000.00
E. Full Name, Mailing Address and Zip Code Henry M. Gandy 500 Colcroft Court Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Info Requested Occupation Aggregate Year-to-date > \$	Date (Month day, Year) 07/30/97 2,000.00	Amount of Each Receipt this Period 2,000.00
F. Full Name, Mailing Address and Zip Code Christopher D. Coursen 5006 Nahant Street Bethesda, MD 20816 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Info Requested Occupation Aggregate Year-to-date > \$	Date (Month day, Year) 07/30/97 1,000.00	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code W. Bruce Lunsford 3300 Providian Center 400 W. Market Street Louisville, KY 40202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Info Requested Occupation Aggregate Year-to-date > \$	Date (Month day, Year) 07/30/97 5,000.00	Amount of Each Receipt this Period 5,000.00
SUB TOTAL of Receipts This Page (Optional).....>			28,000.00
TOTAL this Period (Last page this line number only).....>			83,400.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
New Republican Majority Fund

<p>A. Full Name, Mailing Address and Zip Code Guarantee Life Insurance PAC 8801 Indian Hills Drive Omaha, NE 68114</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Healthsouth Rehabilitation PAC Two Perimeter Park South Birmingham, AL 35243</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>C. Full Name, Mailing Address and Zip Code ConAgra Good Gov't PAC One Conagra Drive Omaha, NE 68102-5001</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 2,000.00</p>		
<p>D. Full Name, Mailing Address and Zip Code TECO Energy PAC 702 North Franklin Street Tampa, FL 33602</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Ford Motor Company PAC The American Road Dearborn, MI 48121</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 4,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Commonwealth Edison PAC 1722 Eye Street, N.W. Washington, DC 20006</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>G. Full Name, Mailing Address and Zip Code First Chicago Corp. PAC One First National Plaza Mail Suite 0520 Chicago, IL 60670</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>18,500.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE A

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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
Wine Institute PAC 425 Market Street Suite 1000 San Francisco, CA 94105		07/30/97	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
Torchmark PAC 2001 Third Avenue, South Birmingham, AL 35233-2186		07/30/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	3,000.00
Nat'l Cattleman's Beef Assn PAC 1301 Pennsylvania Avenue, NW Suite 300 Washington, DC 20004		07/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	2,500.00
Academy of Ophthalmology PAC Suite 700 1101 Vermont Ave., N.W. Washington, DC 20005-3570		07/30/97	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
American Gaming Association PAC 555 13th Street, N.W. Suite 430 West Washington, DC 20004		07/30/97	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
Emerson PAC - EMPAC 700 13th Street, N.W. Suite 700 Washington, DC 20005		07/30/97	3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	3,000.00
The Tinken Company PAC 1835 Dueber Avenue, S.W. Canton, OH 44706		07/30/97	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
SUB TOTAL of Receipts This Page (Optional).....>			20,500.00
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

<p>A. Full Name, Mailing Address and Zip Code EastPAC P.O. Box 511 Kingsport, TN 37662</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Aircraft Owners & Pilot Assoc PAC 500 E Street, S.W. Suite 920 Washington, DC 20024</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>C. Full Name, Mailing Address and Zip Code KochPAC P.O. Box 2256 Wichita, KS 67201</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Prudential Security PAC One Seaport Plaza New York, NY 10292</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Vencor PAC 3300 Providian 400 West Market Louisville, KY 40202</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 2,000.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Employees of Entergy Operations- EMPAC 1776 Eye Street, N.W. Suite 275 Washington, DC 20006</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 2,000.00</p>		
<p>G. Full Name, Mailing Address and Zip Code National Good Government Fund 2300 First City Tower Houston, TX 77002-6760</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 07/30/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 5,000.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>20,500.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
New Republican Majority Fund

A. Full Name, Mailing Address and Zip Code Assoc. for the Advancement of Psychology PAC P.O. Box 38129 Colorado Springs, CO 80937	Name of Employer Occupation	Date (Month day, Year) 07/30/97	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		
B. Full Name, Mailing Address and Zip Code Comsat PAC 6560 Rock Spring Dr. Bethesda, MD 20817	Name of Employer Occupation	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,500.00		
C. Full Name, Mailing Address and Zip Code KochPAC P.O. Box 2256 Wichita, KS 67201	Name of Employer Occupation	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 4,000.00
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 Dupont Merc PAC 1701 Pennsylvania Ave., NW Suite 900 Washington, DC 20006	Name of Employer Occupation	Date (Month day, Year) 07/30/97	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		
E. Full Name, Mailing Address and Zip Code Distilled Spirits Council PAC 1250 I Street, NW #900 Washington, DC 20005	Name of Employer Occupation	Date (Month day, Year) 07/30/97	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		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional)			9,500.00
TOTAL this Period (Last page this line number only)			69,000.00

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

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 Hyatt Regency 320 West Jefferson Louisville, KY 40202	Name of Employer Vendor Refund Occupation	Date (Month day, Year) 07/30/97	Amount of Each Receipt this Period 230.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 230.14		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	230.14
TOTAL this Period (Last page this line number only).....>	230.14

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 Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Name of Employer Interest Income	Date (Month day, Year) 07/31/97	Amount of Each Receipt this Period 2,018.21
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Aggregate Year-to-date > \$ 6,076.63	
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) 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) 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) 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) 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) 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) Occupation Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....>	2,018.21
TOTAL this Period (Last page this line number only).....>	2,018.21

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

PAGE	OF
1	6
FOR LINE NUMBER	
21B	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for 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 Disb. this Period
AI Moving P.O. Box 4563 Washington, DC 20005	Moving Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/31/97	300.00
Butera and Andrews 1301 Pennsylvania Ave., N.W. Suite 500 Washington, DC 20004	Rent Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/31/97	925.00
Bacchus Importers 1801-D Portal Street Baltimore, MD 21224	Office Supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	351.84
Bell Atlantic NYNEX Mobile 1304 G Street, N.W. Washington, DC 20005	Telephone Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	128.23
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)	07/02/97	279.57
Catterton Printing 24 Industrial Park Drive Waldorf, MD 20602	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/24/97	1,551.24
Capital Hill Software, Inc. 4325-E Forbes Blvd. Lanham, MD 20706	Service Agreement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	1,700.00
Capital Hill Software, Inc. 4325-E Forbes Blvd. Lanham, MD 20706	Software Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	550.00
Circular Advertising 1500 S. Monroe Street Baltimore, MD 21230	Direct Mail Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	883.33

SUB TOTAL of Disbursements this page (Optional).....> 6,669.21

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

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

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 Disb. this Period
Circular Advertising 1500 S. Monroe Street Baltimore, MD 21230	Postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	2,240.00
B. Full Name, Mailing Address and Zip Code Colortree 2519 Brittons Hill Rd. Richmond, VA 23230	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	29,485.40
C. Full Name, Mailing Address and Zip Code Comp USA 5901 Stevenson Avenue Alexandria, VA 22304	Computer Purchase Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/09/97	3,592.56
D. Full Name, Mailing Address and Zip Code Direct Impressions 2040 Westmoreland Street Richmond, VA 23230	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	9,849.29
E. Full Name, Mailing Address and Zip Code Direct Mail Processors 1710 Underpass Way Hagerstown, MD 21740	Direct Mail Processing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	5,323.70
F. Full Name, Mailing Address and Zip Code Direct Mail Processors 1710 Underpass Way Hagerstown, MD 21740	Direct Mail Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	5,486.92
G. Full Name, Mailing Address and Zip Code Diversified Mailing Services 4333 Davenport Road Fredericksburg, MD 22408	Direct Mail Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	25,649.16
H. Full Name, Mailing Address and Zip Code Diversified Mailing Services 4333 Davenport Road Fredericksburg, MD 22408	Direct Mail Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	89,181.36
I. Full Name, Mailing Address and Zip Code Rudy/Nelson & Associates 900 Second Street, N.E. Suite 114 Washington, DC 20002	Consulting Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	101.66

SUB TOTAL of Disbursements this page (Optional)..... > 170,910.05

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

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

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 Disb. this Period
EU Services P.O. Box 75241 Baltimore, MD 21275-0242	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	7,153.91
B. Full Name, Mailing Address and Zip Code Federal Express P.O. Box 1140 Dept. A Memphis, TN 38101-1140	Delivery Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	125.77
C. Full Name, Mailing Address and Zip Code Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Payroll Tax Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/08/97	1,791.69
D. Full Name, Mailing Address and Zip Code Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Bank Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/09/97	7.00
E. Full Name, Mailing Address and Zip Code Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Bank Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/14/97	5.00
F. Full Name, Mailing Address and Zip Code Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Bank Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/21/97	5.00
G. Full Name, Mailing Address and Zip Code Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Bank Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/21/97	5.00
H. Full Name, Mailing Address and Zip Code Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Bank Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/23/97	5.00
I. Full Name, Mailing Address and Zip Code Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Bank Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/30/97	5.00

SUB TOTAL of Disbursements this page (Optional)..... > 9,103.37

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

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 Disb. this Period
Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Payroll Tax Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/31/97	1,791.69
Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	940 Tax Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/31/97	25.00
Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Bank Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/31/97	20.00
Franklin National Bank 1722 Eye Street, N.W. Washington, DC 20006	Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/31/97	11.17
John M. Green 3235-C Sutton Place, N.W. Washington, DC 20016	Travel Reimbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	350.38
John M. Green 3235-C Sutton Place, N.W. Washington, DC 20016	Payroll Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/17/97	1,873.74
John M. Green 3235-C Sutton Place, N.W. Washington, DC 20016	Payroll Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/29/97	1,873.74
Patricia Horl 111 South Alfred Street Alexandria, VA 22314	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	748.22
H.W.S.C., Inc. 8190 Greensboro Drive Suite 1010 McLean, VA 22102	Rent Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/30/97	1,254.80
SUB TOTAL of Disbursements this page (Optional).....>			7,948.74
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 Disb. this Period
LDSS World Com P.O. Box 96003 Charlotte, NC 28296-0003	Telephone Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	6.96
B. Full Name, Mailing Address and Zip Code Raymond Massis, Empire Painting 3705 S. George Mason Suite 2506-S Falls Church, VA 22041	Maintenance Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/25/97	700.00
C. Full Name, Mailing Address and Zip Code National Response List Marketing 805 King Street Suite 400 Alexandria, VA 22314	Direct Mail Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/25/97	50,465.36
D. Full Name, Mailing Address and Zip Code Patton Boggs, L.L.P. 2550 M Street, N.W. Washington, DC 20037	Legal Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	1,973.07
E. 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)	07/01/97	1,157.60
F. 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)	07/15/97	1,157.50
G. Full Name, Mailing Address and Zip Code Robert Jennings Company 3001 park Center Drive Suite 419 Alexandria, VA 22302	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/08/97	880.00
H. Full Name, Mailing Address and Zip Code R.J. Reynolds Tobacco Company 1455 Pennsylvania Ave., N.W. Suite 525 Washington, DC 20004	Airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/09/97	2,006.15
I. Full Name, Mailing Address and Zip Code R.J. Reynolds Tobacco Company 1455 Pennsylvania Ave., N.W. Suite 525 Washington, DC 20004	Airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/30/97	6,448.20

SUB TOTAL of Disbursements this page (Optional).....>	64,796.84
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for 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 Disb. this Period
Sheraton Uptown 2600 Louisiana Blvd. Albuquerque, NM 87110	Lodging Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	329.83
Special Events Photography 3912 N. Glebe Road Arlington, VA 22207	Photography Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/25/97	701.28
U.S. Postmaster 2901 Blackbridge Road York, PA 17402	BRE Postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/07/97	7,500.00
U.S. Postmaster 2901 Blackbridge Road York, PA 17402	Postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/16/97	12,304.87
U.S. Postmaster 2901 Blackbridge Road York, PA 17402	BRE Postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/21/97	7,500.00
Virginia Department of Taxation Office of Processing Operations P.O. Box 1202 Richmond, VA 23209	Payroll Tax Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/31/97	444.00
Visa P.O. Box 114 Jackson, MS 39205-0114	Travel - No Vendors Requiring Itemization Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/09/97	424.66
White House Writers Group 1522 K Street, N.W. Suite 1130 Washington, DC 20005	Speech Writing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	819.49
Winfrey and Associates 2105 Mt. Vernon Ave. No. 2 Alexandria, VA 22301	Consulting Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/02/97	250.00

SUB TOTAL of Disbursements this page (Optional).....>	30,274.13
TOTAL this Period (Last page this line number only).....>	289,702.34

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
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FOR LINE NUMBER	
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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 Disb. this Period
Americans For A Brighter Future P.O. Box 2404 Washington, DC 20013	Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	07/29/97	1,000.00
B. Full Name, Mailing Address and Zip Code Brownback For Senate P. O. Box 2008 Topeka, KS 66601	Sam Brownback, U.S. HOUSE 2nd KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/09/97	3,182.35
C. Full Name, Mailing Address and Zip Code Hagel For Senate 12100 W. Center Road Suite 202 Omaha, NE 68144	Hagel, SENATE NE, Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2002	07/16/97	5,000.00
D. Full Name, Mailing Address and Zip Code R.J. Reynolds Tobacco Company 1455 Pennsylvania Ave., N.W. Suite 525 Washington, DC 20004	Sam Brownback, U.S. HOUSE 2nd KS, In-Kind Airfare Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/09/97	1,817.65 (In-Kind)
E. Full Name, Mailing Address and Zip Code Brownback For Senate P. O. Box 2008 Topeka, KS 66601	Sam Brownback, U.S. HOUSE 2nd KS, In-Kind Airfare Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/09/97	1,817.65 (Memo In-Kind)
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)..... > 11,000.00

TOTAL this Period (Last page this line number only)..... > 11,000.00

