

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUL 23 A 10:17

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) New Republican Majority Fund		2. FEC IDENTIFICATION NUMBER 000300483
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 228 S. Washington Street, Suite 200		
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

- 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 \_\_\_\_\_ 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>6/1/00</u> through <u>6/30/00</u>			
6. (a)	Cash on Hand January 1, <del>1999</del> <u>2000</u>		\$ 390,112.83
(b)	Cash on Hand at Beginning of Reporting Period	\$ 57,548.17	
(c)	Total Receipts (from Line 18)	\$ 373,631.70	\$ 939,505.86
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 431,179.87	\$ 1,329,618.69
7.	Total Disbursements (from Line 3D)	\$ 189,694.24	\$ 1,088,133.06
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 241,485.63	\$ 241,485.63
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20403 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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  
Keith A. Davis, Assistant Treasurer

Signature of Treasurer  
*Keith A. Davis*

Date  
7/20/00

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

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FEC FORM 3X  
(revised 09/99)

**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 6/1/00	TO 6/30/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	24,870.00	78,986.00	11(a)(1)
i. Itemized (use Schedule A)	262,823.56	549,976.11	11(a)(2)
ii. Unitemized	287,693.56	628,962.11	11(a)(3)
iii. Total (add i and ii) >	0.00		11(b)
b. Political Party Committees	80,000.00	230,000.00	11(c)
c. Other Political Committees (such as PACs)	367,693.56	858,962.11	11(d)
d. Total Contributions (add a iii, b and c) >		26,568.56	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received	929.08	48,929.08	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	5,000.00	5,000.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	9.06	46.11	17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	373,631.70	939,505.86	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	373,631.70	939,505.86	20
20. Total Federal Receipts (subtract line 16 from line 19) >			
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i. Federal Share			21(a)(2)
ii. Non-Federal Share	145,762.24	983,740.01	21(b)
b. Other Federal Operating Expenditures	145,762.24	983,740.01	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >		8,000.00	22
22. Transfers to Affiliated/Other Party Committees	43,932.00	94,893.05	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:		500.00	28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)		500.00	28(d)
d. Total Contribution Refunds (add a, b and c) >		1,000.00	29
29. Other Disbursements	189,694.24	1,088,133.06	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	189,694.24	1,088,133.06	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	367,693.56	858,962.11	32
33. Total Contribution Refunds (from line 28d)		500.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	367,693.56	858,462.11	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	145,762.24	983,740.01	35
36. Offsets to Operating Expenditures (from line 15)	929.08	48,929.08	36
37. Net Operating Expenditures (subtract line 36 from 35) >	144,833.16	934,810.93	37

**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)**  
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Ed Rogers 1275 Pennsylvania Avenue, NW Tenth Floor Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Barbour Griffith and Rogers Occupation Attorney Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 08/01/00	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Paul Ladd 133 Pembroke Street Apt. 3 Boston, MA 02118 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Commonwealth of Massachusetts Occupation State Employee Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/01/00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code MARGARET WINN 28258 MIDLINE ROAD CLEVELAND, TX 77327-7343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/02/00	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code BOFFIE ELLIOTT 97 CEDAR POINT DR. LONDON, KY 40741-7836 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/05/00	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code HELEN LUSTER RR 1 BOX 306, SALEM RD. VANDALIA, IL 62471-9770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/05/00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code JOHN KROL 1001 GENERAL STEVENS DRIVE WEST CHESTER, PA 10382-8037 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation BUSINESS EXECUTIVE Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/06/00	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code ROBERT SWEENEY 3700 NOBLE AVE. FORT WORTH, TX 76111-4821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/06/00	Amount of Each Receipt this Period 250.00

<b>BUBTOTAL</b> of Receipts This Page (optional) .....	7,250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 8  
FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (In Full)**  
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD AMBUR 11877 IOKA WAY N.W. SILVERDALE, WA 98383-9331 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Information Requested Occupation Information Requested	06/07/00	500.00
Aggregate Year-to-Date > \$		500.00	
B. Full Name, Mailing Address and ZIP Code RUBY LINN 9002 BELVOIR WOODS PKWY. #308 FORT BELVOIR, VA 22060-2709 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ARMY Occupation RETIRED	06/12/00	250.00
Aggregate Year-to-Date > \$		250.00	
C. Full Name, Mailing Address and ZIP Code JAMES NEWBERNE 8580 CAVALIER DR. CINCINNATI, OH 45231-5037 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED	06/12/00	250.00
Aggregate Year-to-Date > \$		250.00	
D. Full Name, Mailing Address and ZIP Code MARY EVREN 11528 BRETON CT. RESTON, VA 20191-3239 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested	06/14/00	300.00
Aggregate Year-to-Date > \$		300.00	
E. Full Name, Mailing Address and ZIP Code RUBY LINN WASHINGTON E N APT. 308 FORT BELVOIR, VA 22060 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED	06/15/00	250.00
Aggregate Year-to-Date > \$		500.00	
F. Full Name, Mailing Address and ZIP Code ROGER SMELSER 613 SW 63RD TERRACE OKLAHOMA CITY, OK 73139-4104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested	06/15/00	250.00
Aggregate Year-to-Date > \$		250.00	
G. Full Name, Mailing Address and ZIP Code JAMES KRAUSE 4555 SOMERSET CT. BROOKFIELD, WI 53045-8156 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TOKRAUSE FUNERAL HOMES Occupation FUNERAL DIRECTOR	06/20/00	500.00
Aggregate Year-to-Date > \$		500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2,300.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the detailed Summary Page

PAGE 3 OF 6  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)  
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code JOHN MCTAVISH 4751 BONITA BAY BLVD. APT. 402 BONITA SPRINGS, FL 34134-0764	Name of Employer  Occupation RETIRED	Date (month, day, year)  06/20/00	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code EARL SLOAN JR P.O. BOX 262 SLOAN ELEVATOR WALNUT RIDGE, AR 72478-0262	Name of Employer SELF EMPLOYED  Occupation RETIRED	Date (month, day, year)  06/21/00	Amount of Each Receipt this Period  500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code DONALD DUBBS 500 RED WIND DR. BANDERA, TX 78003	Name of Employer  Information Requested  Occupation Information Requested	Date (month, day, year)  06/22/00	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code DANIEL SCHILDWACHTE JR 20 SAXONWOOD PARK DRIVE WHITE PLAINS, NY 10805-4817	Name of Employer  Information Requested  Occupation Information Requested	Date (month, day, year)  06/22/00	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code FRANK HALLA 1005 BALTIMORE EL PASO, TX 79902-2424	Name of Employer  Occupation RETIRED	Date (month, day, year)  06/23/00	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code MATTIEGRACE SHARPE 849 COAST BLVD #859 CASA DE MANANA LA JOLLA, CA 92037-4223	Name of Employer  Information Requested  Occupation Information Requested	Date (month, day, year)  06/23/00	Amount of Each Receipt this Period  500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 600.00	
G. Full Name, Mailing Address and ZIP Code DON FREEBERG 801 N BRAND BLVD. STE. 1010 GLENDALE, CA 91203-1296	Name of Employer  Information Requested  Occupation Information Requested	Date (month, day, year)  06/24/00	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	2,250.00
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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<b>NAME OF COMMITTEE (in Full)</b> New Republican Majority Fund			
A. Full Name, Mailing Address and ZIP Code <b>HIMANKA</b>  7141 N 19TH AVE APT 39 PHOENIX, AZ 85021-8515	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Information Requested	06/26/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	250.00
	Information Requested		
B. Full Name, Mailing Address and ZIP Code <b>HERBERT HOOVER</b> 9908 COLLINS AVENUE, APT. 202 BAL HARBOUR, FL 33154	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Information Requested	08/26/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	400.00
	Information Requested		
C. Full Name, Mailing Address and ZIP Code <b>MABEL LESTER</b> 350 EAST EVA STREET, APT. 407 PHOENIX, AZ 85020	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	SELF-EMPLOYED	06/26/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	300.00
	RETIRED		
D. Full Name, Mailing Address and ZIP Code <b>CORNELLI MCEL RATH</b> 6115 MARINA PACIFICA DRIVE N LONG BEACH, CA 90803-3876	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Information Requested	06/26/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	250.00
	RETIRED		
E. Full Name, Mailing Address and ZIP Code <b>JOHN RYAN JR</b> 20 WOODLAND ROAD PITTSBURGH, PA 15222-2814	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Information Requested	06/26/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	220.00
	Information Requested		
F. Full Name, Mailing Address and ZIP Code <b>VERNA DRIVENESS</b> 1000 N LAKE AVE. # 214 SIOUX FALLS, SD 57104-1321	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Information Requested	06/26/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	425.00
	RETIRED		
G. Full Name, Mailing Address and ZIP Code <b>JAY ADAMS</b> P.O. BOX 2412 DAYTONA BEACH, FL 32115-2412	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Information Requested	06/27/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	250.00
	Information Requested		
<b>SUBTOTAL of Receipts This Page (optional)</b>			1,920.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 6  
FOR LINE NUMBER 11a i

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**NAME OF COMMITTEE (in Full)**  
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code ALLAN HODGSON PO BOX 17 OQUAWKA, IL 61469-0017  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/27/00	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code ARTHUR KEYES JR 2606 31ST ST NW WASHINGTON, DC 20008-3519  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/27/00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code RUBY LINN 9002 BELVOIR WOODS PKWY APT 308 FORT BELVOIR, VA 22060-2709  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired  Occupation Retired  Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/27/00	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code NADMA NORTON 17300 N 88TH AVE. APT. 234 PEORIA, AZ 85382-4740  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 06/27/00	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code IRENE FOSSATI 1700 TICE VALLEY BLVD., #133 WALNUT CREEK, CA 94549-1640  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HOUSEWIFE  Occupation HOUSEWIFE  Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 06/28/00	Amount of Each Receipt this Period 400.00
F. Full Name, Mailing Address and ZIP Code AUGUSTA RODDIS 1108 EAST 4TH STREET MARSHFIELD, WI 54449-4539  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED  Occupation RETIRED  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/28/00	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code John McCray 108 Lincoln Street 2A Boston, MA 02111  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAN Pacific Pharmaceuticals  Occupation CFO  Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/30/00	Amount of Each Receipt this Period 1,000.00

**SUBTOTAL of Receipts This Page (optional)** ..... 3,400.00

**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 **6** OF **6**  
FOR LINE NUMBER  
**11 # 1**

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**NAME OF COMMITTEE (in Full)**  
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code David Barlow 44 Hundreds Circle Wellesley, MA 02181	Name of Employer PAN Pacific Pharmaceuticals  Occupation Executive Chairman	Date (month, day, year)  06/30/00	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 Jeffrey Kimbell 3504 Whitehaven Parkway, NW Washington, DC 20007	Name of Employer Jeffrey J. Kimbell & Associates  Occupation Partner	Date (month, day, year)  06/30/00	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	
C. Full Name, Mailing Address and ZIP Code Dennis Colgan Jr. 12 Cove Road Moorestown, NJ 08057	Name of Employer  Information Requested  Occupation Information Requested	Date (month, day, year)  06/30/00	Amount of Each Receipt This Period  500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code M. Palmer Bedsole 3280 Dauphin Street 127c Mobile, AL 36606	Name of Employer Info Requested  Occupation Retired	Date (month, day, year)  08/30/00	Amount of Each Receipt This Period  5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code KAKHY TZE  WILMINGTON, DE 19807	Name of Employer  Information Requested  Occupation Information Requested	Date (month, day, year)  06/30/00	Amount of Each Receipt This Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
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 > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional)	7,750.00
<b>TOTAL</b> This Period (last page this line number only)	24,870.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11c

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**NAME OF COMMITTEE (in Full)**  
New Republican Majority Fund

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Amer. Academy of Ophthalmology PAC Suite 700 1101 Vermont Ave., N.W. Washington, DC 20005-3570</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 6,000.00</p>	<p>Date (month, day, year)</p> <p>06/01/00</p>	<p>Amount of Each Receipt this Period</p> <p>5,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Independent Bankers PAC One Thomas Circle Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year)</p> <p>06/01/00</p>	<p>Amount of Each Receipt this Period</p> <p>5,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> America Online, Inc. PAC 1101 Connecticut Avenue, NW Suite 400 Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 2,500.00</p>	<p>Date (month, day, year)</p> <p>06/30/00</p>	<p>Amount of Each Receipt this Period</p> <p>2,500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Akin Gump Strauss Hauer &amp; Feld Civic Action 1333 New Hampshire Avenue, NW Suite 400 Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year)</p> <p>06/30/00</p>	<p>Amount of Each Receipt this Period</p> <p>5,000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Marriott International, Inc. PAC Marriott Drive Washington, DC 20058</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year)</p> <p>06/30/00</p>	<p>Amount of Each Receipt this Period</p> <p>5,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> KPMG PAC P.O. Box 18254 Washington, DC 20036-8998</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year)</p> <p>06/30/00</p>	<p>Amount of Each Receipt this Period</p> <p>5,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Dyer Ellis &amp; Joseph PC PAC 800 New Hampshire Ave., N.W. Suite 1000 Washington, DC 20037</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 2,000.00</p>	<p>Date (month, day, year)</p> <p>06/30/00</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>

<p><b>SUBTOTAL of Receipts This Page (optional)</b> .....</p>	<p>28,000.00</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p>	<p></p>

**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
Mass. Mutual PAC 1285 State Street Springfield, MA 01111		06/30/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chicago Mercantile Exchange PAC 30 South Wacker Drive Chicago, IL 60606		06/30/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
US Team PAC 100 West Putnam Avenue Greenwich, CT 06830		06/30/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Goldman Sachs Group Inc. PAC 1101 Pennsylvania Ave., N.W. Suite 900 Washington, DC 20004		06/30/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ernst & Young PAC 1225 Connecticut Avenue, NW Washington, DC 20036		06/30/00	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Verner, Lipton, Bernhard, McPherson et al PAC 901 15th Street, NW Suite 700 Washington, DC 20005-2301		06/30/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation The Hon. James Courter, James Nile	Aggregate Year-to-Date > \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sun Microsystems, Inc. PAC 20 Park Road Suite E Burlingame, CA 94010		06/30/00	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	

**SUBTOTAL of Receipts This Page (optional)** ..... \$1,000.00

**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 3 OF 3  
FOR LINE NUMBER 11c

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**NAME OF COMMITTEE (In Full)**  
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Blue Cross & Blue Shield Assn. PAC - BLUE PAC 1310 G Street, NW 12th Floor Washington, DC 20005	Name of Employer  Occupation Aggregate Year-to-Date > \$ 4,500.00	Date (month, day, year) 06/30/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 06/30/00	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 06/30/00	Amount of Each Receipt this Period 6,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 6,000.00	Date (month, day, year) 06/30/00	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Information Requested Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 06/30/00	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	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):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>21,000.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>80,000.00</b>

**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 USA Direct, Inc. 2801 Blackburne Road York, PA 17402	Name of Employer USA Direct, Inc. Refund of Overpayment	Date (month, day, year) 06/30/00	Amount of Each Receipt this Period 929.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 929.08	
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 > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>929.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>929.08</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 16

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**NAME OF COMMITTEE (In Full)**  
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Friends of Glutland 59 Maiden Lane Fifteenth Floor New York, NY 10038	Name of Employer Refund of Contribution  Occupation	Date (month, day, year)  06/30/00	Amount of Each Receipt this Period  5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 2000			
		Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code			
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			
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			
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			
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			
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			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Aggregate Year-to-Date > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)  
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Corncast 617A South Pickett Street Alexandria, VA 22304	Cable Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/00	128.75
B. Full Name, Mailing Address and ZIP Code Staples P.O. Box 30292 Salt Lake City, UT 84130-0292	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/00	172.55
C. Full Name, Mailing Address and ZIP Code Delta Telephone & Cabling, Inc. 2131 Espey Court Suite 16 Crofton, MD 21114	Purpose of Disbursement Telephone Installation Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/00	240.00
D. Full Name, Mailing Address and ZIP Code Hyatt Regency Washington Hotel 400 New Jersey Avenue, NW Washington, DC 20001	Purpose of Disbursement Event Expense - Catering and Facility Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/00	425.64
E. Full Name, Mailing Address and ZIP Code Nancy E. Fox, CPA 8309 Simsbury Place Alexandria, VA 22308	Purpose of Disbursement Professional Services - Accounting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/00	292.50
F. Full Name, Mailing Address and ZIP Code Aetna U.S. Healthcare P.O. Box 70966 Chicago, IL 60673-0966	Purpose of Disbursement Health Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/00	524.62
G. Full Name, Mailing Address and ZIP Code National News P.O. Box 2028 Washington, DC 20013	Purpose of Disbursement Subscriptions Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/00	209.88
H. Full Name, Mailing Address and ZIP Code CAC Marketing Services 88 Bay Road Baltimore, MD 21228	Purpose of Disbursement Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/00	1,473.22
I. Full Name, Mailing Address and ZIP Code Virginia Department of Taxation Office of Processing Operations P.O. Box 1292 Richmond, VA 23299	Purpose of Disbursement State Income Tax Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/00	3,464.38

SUBTOTAL of Disbursements This Page (optional) ..... 6,871.55

TOTAL This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Virginia Department of Taxation Office of Processing Operations P.O. Box 1202 Richmond, VA 23209	State Income Tax Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/00	881.22
B. Full Name, Mailing Address and ZIP Code BB&T Bank 1722 Eye Street, N.W. Washington, DC 20006	Bank Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/00	38.00
C. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile P.O. Box 580334 Charlotte, NC 28258	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/00	197.38
D. Full Name, Mailing Address and ZIP Code CAC Marketing Services 99 Bay Road Baltimore, MD 21223	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/00	296.91
E. Full Name, Mailing Address and ZIP Code USA Direct 2901 Blackridge Road York, PA 17402	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/00	195.00
F. Full Name, Mailing Address and ZIP Code American Express P.O. Box 630001 Dallas, TX 75363	Computer Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/00	5,882.40
G. Full Name, Mailing Address and ZIP Code Warfield & Walsh, Inc. 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)	06/08/00	14,717.32
H. Full Name, Mailing Address and ZIP Code Psychrex P.O. Box 2850 Merrifield, VA 22116-2950	Payroll Service Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/00	71.60
I. Full Name, Mailing Address and ZIP Code Direct Impressions 2040 Westmoreland Street Richmond, VA 23230	Direct Mail Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/16/00	2,417.91

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	24,594.72
<b>TOTAL</b> This Period (last page this line number only) .....	

New Republican Majority Fund

July 20, 2000 Monthly Report

Ultimate Vendors for payment to  
American Express

Schedule B, Page 2 of 5, For Line Number 21B

<u>Vendor</u>	<u>Amount</u>	<u>Purpose</u>
Gateway Business North Sioux City, SD	5,653.75	Computer Equipment

Remaining amount represents disbursements to vendors in amounts in aggregate less than \$ 200 year to date.

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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<b>NAME OF COMMITTEE (in Full)</b> New Republican Majority Fund			
<b>A. Full Name, Mailing Address and ZIP Code</b> National Response List Marketing 805 King Street Suite 400 Alexandria, VA 22314	<b>Purpose of Disbursement</b> Direct Mail Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/15/00	<b>Amount of Each Disbursement This Period</b> 31,562.28
<b>B. Full Name, Mailing Address and ZIP Code</b> Warfield & Walsh, Inc. 805 King Street Suite 400 Alexandria, VA 22314	<b>Purpose of Disbursement</b> Direct Mail Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/15/00	<b>Amount of Each Disbursement This Period</b> 43,805.84
<b>C. Full Name, Mailing Address and ZIP Code</b> Mississippi State Tax Commission P.O. Box 960 Jackson, MS 39206-0960	<b>Purpose of Disbursement</b> State Withholding Taxes  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 05/15/00	<b>Amount of Each Disbursement This Period</b> 1,144.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Torpedo Factory & Associates 201 N. Union Street Alexandria, VA 22314	<b>Purpose of Disbursement</b> Rent Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/15/00	<b>Amount of Each Disbursement This Period</b> 1,843.46
<b>E. Full Name, Mailing Address and ZIP Code</b> Capital Office Solutions 12501 Kilm Court Beltsville, MD 20708	<b>Purpose of Disbursement</b> Office Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/15/00	<b>Amount of Each Disbursement This Period</b> 40.90
<b>F. Full Name, Mailing Address and ZIP Code</b> U.S. Postmaster 2901 Blackbridge Road York, PA 17402	<b>Purpose of Disbursement</b> Postage Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/15/00	<b>Amount of Each Disbursement This Period</b> 6,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Patton Boggs, L.L.P. 2550 M Street, N.W. Washington, DC 20037	<b>Purpose of Disbursement</b> Professional Services - Legal  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/15/00	<b>Amount of Each Disbursement This Period</b> 88.75
<b>H. Full Name, Mailing Address and ZIP Code</b> Dynamex 1763 Columbia Road, N.W. Washington, DC 20009	<b>Purpose of Disbursement</b> Delivery Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/15/00	<b>Amount of Each Disbursement This Period</b> 205.05
<b>I. Full Name, Mailing Address and ZIP Code</b> Dirk Smith 1825 T Street, NW #202 Washington, DC 20009	<b>Purpose of Disbursement</b> Payroll Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/15/00	<b>Amount of Each Disbursement This Period</b> 203.98
<b>SUBTOTAL of Disbursements This Page (optional)</b>			84,402.28
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 21B

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**NAME OF COMMITTEE (in Full)**

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paychex P.O. Box 2950 Merrifield, VA 22115-2950	Payroll Tax Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/00	581.26
B. Full Name, Mailing Address and ZIP Code U.S. Postmaster 2801 Blackbridge Road York, PA 17402	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/00	16,140.70
C. Full Name, Mailing Address and ZIP Code Virginia Department of Taxation Office of Processing Operations P.O. Box 1202 Richmond, VA 23209	State Income Tax Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/22/00	13.80
D. Full Name, Mailing Address and ZIP Code Virginia Department of Taxation Office of Processing Operations P.O. Box 1202 Richmond, VA 23209	Corporate Registration Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/22/00	45.00
E. Full Name, Mailing Address and ZIP Code Mississippi State Tax Commission P.O. Box 960 Jackson, MS 39205-0960	State Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/00	244.00
F. Full Name, Mailing Address and ZIP Code U.S. Life Insurance Company 3600 Route 66 UA Unit MSN 3D Nuptune, NJ 07754	Insurance Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/00	85.38
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster 2801 Blackbridge Road York, PA 17402	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/00	6,000.00
H. Full Name, Mailing Address and ZIP Code Aetna U.S. Healthcare P.O. Box 70966 Chicago, IL 60673-0966	Insurance Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/00	1,573.85
I. Full Name, Mailing Address and ZIP Code Petty Cash 228 S. Washington Street Suite 200 Alexandria, VA 22314	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/00	175.08

**SUBTOTAL** of Disbursements This Page (optional) .....

24,838.84

**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.

<b>NAME OF COMMITTEE (In Full)</b> New Republican Majority Fund			
<b>A. Full Name, Mailing Address and ZIP Code</b> American Express P.O. Box 830001 Dallas, TX 75383	<b>Purpose of Disbursement</b> Travel Expense - See Attached Memo Schedule Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/22/00	<b>Amount of Each Disbursement This Period</b> 666.36
<b>B. Full Name, Mailing Address and ZIP Code</b> Staples P.O. Box 30292 Salt Lake City, UT 84130-0292	<b>Purpose of Disbursement</b> Office Supply Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/22/00	<b>Amount of Each Disbursement This Period</b> 170.09
<b>C. Full Name, Mailing Address and ZIP Code</b> Colonial Parking 227 S. Washington Street Alexandria, VA 22314	<b>Purpose of Disbursement</b> Parking Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/22/00	<b>Amount of Each Disbursement This Period</b> 680.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Bell Atlantic P.O. Box 846 Baltimore, MD 21265-0846	<b>Purpose of Disbursement</b> Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 08/29/00	<b>Amount of Each Disbursement This Period</b> 1,109.20
<b>E. Full Name, Mailing Address and ZIP Code</b> Dirk Smith 1825 T Street, NW #202 Washington, DC 20009	<b>Purpose of Disbursement</b> Payroll Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 06/30/00	<b>Amount of Each Disbursement This Period</b> 903.88
<b>F. Full Name, Mailing Address and ZIP Code</b> Paychex P.O. Box 2850 Martinsfield, VA 22116-2850	<b>Purpose of Disbursement</b> Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 08/30/00	<b>Amount of Each Disbursement This Period</b> 561.28
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>H. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>SUBTOTAL of Disbursements This Page (optional)</b>			3,990.89
<b>TOTAL This Period (last page this line number only)</b>			145,698.28

New Republican Majority Fund

July 20, 2000 Monthly Report

Ultimate Vendors for payment to  
American Express

Schedule B, Page 5 of 5, For Line Number 21B

<u>Vendor</u>	<u>Amount</u>	<u>Purpose</u>
Amtrak Washington, DC	504.00	Travel Expense

Remaining amount represents disbursements to vendors in amounts in aggregate less than \$ 200 year to date.

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (in Full)**

New Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Starr Congress 2000 734 SW 72nd Avenue Hillsboro, OR 97123-8334	Charles Starr, U.S. HOUSE 4th OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/01/00	2,000.00
Stenberg for Senate 2000 Committee 12100 West Center Road Suite 520 Omaha, NE 68144	Don Stenberg, U.S. SENATE NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	5,000.00
Friends of Conrad Burns P.O. Box 70397 Washington, DC 20024	Conrad Burns, U.S. SENATE MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	2,932.00
McDonald for Congress 611 Market Street Suite 7 Kirkland, WA 98033	McDonald, U.S. HOUSE WA 1st Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	2,000.00
Rick Lazio for Senate 72 East Main Street Suite 4 Babylon, NY 11702	Rick Lazio, U.S. SENATE NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/15/00	5,000.00
Stenberg for Senate 2000 Committee 12100 West Center Road Suite 520 Omaha, NE 68144	Don Stenberg, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 Debt Reduction	06/27/00	5,000.00
Hatch Election Committee Inc. 265 East 200 South Suite 950 Salt Lake City, UT 84111	Orrin Hatch, U.S. SENATE UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/00	5,000.00
Friends of Bill Redmond 1640 Sixteenth Street Los Alamos, NM 87544	Bill Redmond, U.S. SENATE NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/00	5,000.00
Bob Franks for Senate P.O. Box 497 New Providence, NJ 07974	Bob Franks, U.S. SENATE NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/00	5,000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

35,932.00

**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 Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
PAC '96 P.O. Box 15080 Washington, DC 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/00	2,000.00
B. Full Name, Mailing Address and ZIP Code Fight PAC 6052 Ridge Ford Road Burke, VA 22015	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 06/30/00	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	43,932.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-20-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>fel</i> PREPARER	7-23-00 DATE PREPARED