

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED
FEDERAL
ELECTION CENTER

2004 APR 21 A 9 45
Office Use Only

1. NAME OF COMMITTEE (in full) **BO CORPORATION PAC** TYPE OR PRINT Example: If typing, type over the lines. **12FE4MS**

ADDRESS (number and street) **60 EAST 42ND STREET 42ND FLOOR**

Check if different than previously reported. (ACC)

CITY **NEW YORK** STATE **NY** ZIP CODE **10165**

2. FEC IDENTIFICATION NUMBER **000329318** CITY STATE ZIP CODE

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(A) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(B) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(C) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)

Election on _____ in the State of _____

(D) 30-Day POST-Election Report for the:

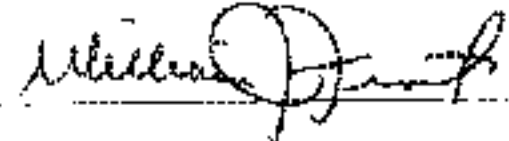
- General (30G)
- Runoff (30R)
- Special (30S)

Election on _____ in the State of _____

5. Covering Period **01/01/2004** through **03/31/2004**

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 **WILLIAM J. FROST**

Signature of Treasurer  Date **04/13/2004**

NOTE: Submission of false, incorrect, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §407g.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form SX (Rev. 03/2008)

Page 2

Write or Type Committee Name:

EDC CORPORATION PAC

Report Covering the Period:

From:

01 01 2004

To:

03 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6 (a) Cash on Hand January 1, 2004		48,482.70
(b) Cash on Hand at Beginning of Reporting Period	48,482.70	
(c) Total Receipts (from Line 18)	7,996.24	7,996.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56,478.94	56,478.94
7. Total Disbursements (from Line 81)	29,000.00	29,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27,478.94	27,478.94
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

The committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev 02/2003)

Page 3

Write or Type Committee Name

EDO CORPORATION PAC

Report Covering the Period: From: 01 01 2004 To: 03 31 2004

i. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1 370 00	
(b) Itemized (use Schedule A).....	6 626 24	
(c) Unitemized.....		
(iii) TOTAL (add	7 996 24	7 996 24
Lines 11(a)(i) and (b)) ▶		
(b) Political Party Committees.....		
(c) Other Political Committees		
(such as PACs).....		
(d) Total Contributions (add Lines	7 996 24	7 996 24
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5) ▶		
12. Transfers From Affiliated/Other		
Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees.....		
17. Other Federal Receipts		
(Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b)).....		
19. Total Receipts (add Lines 11(d),	7 996 24	7 996 24
12, 13, 14, 16, 17, and 18(c))..... ▶		
20. Total Federal Receipts	7 996 24	7 996 24
(subtract Line 18(c) from Line 19)..... ▶		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,000.00	29,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §471a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §43120)		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	29,000.00	29,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	29,000.00	29,000.00

DETAILED SUMMARY PAGE

of Disbursements

Page 5

FEC Form 3X (Rev. 02/2003)

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7,996.24	7,996.24
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	21,003.76	21,003.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-	-
37. Offsets to Operating Expenditures (from Line 16, page 3)	-	-
38. Net Operating Expenditures (subtract Line 36 from Line 35)	21,003.76	21,003.76

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1 OF 2	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
EDC CORPORATION PAC

Full Name (Last, First, Middle Initial) A. SMITH, JAMES M		PAYROLL DEDUCTION Date of Receipt
Mailing Address 35 ARROWHEAD COURT		Amount of Each Receipt this Period \$30 weekly 390.00
City NORTH HILLS	State Zip Code NY 11030	
FEC ID number of contributing federal political committee C		
Name of Employer EDC CORPORATION	Occupation CHMN/PRES/CEO	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. OTTO, FRANK W.		PAYROLL DEDUCTION Date of Receipt
Mailing Address 4 CEDAR ROAD		Amount of Each Receipt this Period \$20 weekly 260.00
City WADING RIVER	State Zip Code NY 11792	
FEC ID number of contributing federal political committee C		
Name of Employer EDC CORPORATION	Occupation V.P./COO	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. HYDE, MILO		PAYROLL DEDUCTION Date of Receipt
Mailing Address 713 DONNINGTON DRIVE		Amount of Each Receipt this Period \$20 weekly 240.00
City CHESAPEAKE	State Zip Code VA 23320	
FEC ID number of contributing federal political committee C		
Name of Employer EDC CORPORATION	Occupation GROUP V.P.	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	890.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 18	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
EDO CORPORATION PAC

Full Name (Last, First, Middle Initial)
A. MCINTIRE, DAVID R.

Mailing Address
4489 PARSONS COURT

City **SAN JOSE** State **CA** Zip Code **95136**

FEC ID number of contributing federal political committee.
C

Name of Employer
EDO CORPORATION Occupation
DIR. OF CONTRACTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240 00

PAYROLL DEDUCTION
Date of Receipt

Amount of Each Receipt this Period
240 00
\$20 weekly

Full Name (Last, First, Middle Initial)
B. NEWSOME, LARRY D.

Mailing Address
19301 TOLUSA COURT

City **MORGAN HILL** State **CA** Zip Code **95037**

FEC ID number of contributing federal political committee.
C

Name of Employer
EDO CORPORATION Occupation
GENERAL MGR.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240 00

PAYROLL DEDUCTION
Date of Receipt

Amount of Each Receipt this Period
240 00
\$20 weekly

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **480 00**

TOTAL This Period (last page this line number only) **1370 00**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of line Detailed Summary Page		FOR LINE NUMBER (check only one)					
<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28d	<input type="checkbox"/> 28e	<input type="checkbox"/> 28f	

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NAME OF COMMITTEE (in Full)
EDO CORPORATION PAC

Full Name (Last, First, Middle Initial) A. MURTHA FOR CONGRESS COMMITTEE		Date of Disbursement 01st 16th 2004
Mailing Address P.O. BOX 1091		Amount of Each Disbursement this Period 5 000 .00
City JOHNSTOWN	State PA	
Zip Code 15907		Category Type
Purpose of Disbursement FUNDRAISER		
Candidate Name JACK MURTHA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: PA	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA	District: 12	

Full Name (Last, First, Middle Initial) B. MURTHA FOR CONGRESS COMMITTEE		Date of Disbursement 01st 16th 2004
Mailing Address P.O. BOX 1091		Amount of Each Disbursement this Period 4,000 .00
City JOHNSTOWN	State PA	
Zip Code 15907		Category Type
Purpose of Disbursement FUNDRAISER		
Candidate Name JACK MURTHA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: PA	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: PA	District: 12	

Full Name (Last, First, Middle Initial) C. ISRAEL FOR CONGRESS		Date of Disbursement 12th 13th 2004
Mailing Address P.O. BOX 777		Amount of Each Disbursement this Period 1 000 .00
City DEER PARK	State NY	
Zip Code 11729		Category Type
Purpose of Disbursement FUNDRAISER		
Candidate Name STEVE ISRAEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: NY	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NY	District: 2	

SUBTOTAL of Disbursements This Page (optional)	10 000 .00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 3
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 27a	<input type="checkbox"/> 27b	<input type="checkbox"/> 27c	<input type="checkbox"/> 28	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (in full)
EDO CORPORATION PAC

Full Name (Last, First, Middle Initial) A. LEWIS FOR CONGRESS COMMITTEE		Date of Disbursement 02 / 19 / 2004
Mailing Address P.O. BOX 247		Amount of Each Disbursement this Period 1 000 00
City REDLANDS	State CA	
Purpose of Disbursement FUNDRAISER		Category/Type
Candidate Name JERRY LEWIS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify): 2004 reelection	
<input type="checkbox"/> President		
State: CA	District: 4	

Full Name (Last, First, Middle Initial) B. GALLEGLY FOR CONGRESS COMM.		Date of Disbursement 02 / 19 / 2004
Mailing Address P.O. BOX 94001		Amount of Each Disbursement this Period 1 000 00
City SIMI VALLEY	State CA	
Purpose of Disbursement FUNDRAISER		Category/Type
Candidate Name ELTON GALLEGLY		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify): 2002 reelection	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) C. VISCLOSKY FOR CONGRESS COMM		Date of Disbursement 02 / 19 / 2004
Mailing Address P.O. BOX 10003		Amount of Each Disbursement this Period 1 000 00
City MERRILEVILLE	State IN	
Purpose of Disbursement FUNDRAISER		Category/Type
Candidate Name PETER VISCLOSKY		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify): 2004 reelection	
<input type="checkbox"/> President		
State: IN	District:	

SUBTOTAL of Disbursements This Page (optional)	3 000 00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 3 OF 5
	<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 28	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28d	<input type="checkbox"/> 28e	

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NAME OF COMMITTEE (In Full)
EDC CORPORATION FAC

Full Name (Last, First, Middle Initial)
A. FEINSTEIN FOR SENATE

Date of Disbursement
03 / 01 / 2004

Mailing Address
601 S. GLENOAKS BLVD SUITE 208

City **BURBANK** State **CA** Zip Code **91502**

Purpose of Disbursement
FUNDRAISER

Candidate Name
DIANE FEINSTEIN

Office Sought: House Senate President
State: **CA** District: _____

Disbursement For: Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
5 000 00

Category Type

Full Name (Last, First, Middle Initial)
B. FRIENDS OF CAROLYN MCCARTHY

Date of Disbursement
03 / 01 / 2004

Mailing Address
38 IVY STREET SE

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement
FUNDRAISER

Candidate Name
CAROLYN MCCARTHY

Office Sought: House Senate President
State: **NY** District: **4**

Disbursement For: Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
1 000 00

Category Type

Full Name (Last, First, Middle Initial)
C. ACKERMAN FOR CONGRESS

Date of Disbursement
03 / 01 / 2004

Mailing Address
P.O. BOX 15616, SOUTHEAST STA.

City **WASHINGTON** State **DC** Zip Code **20003-0616**

Purpose of Disbursement
FUNDRAISER

Candidate Name
GARY ACKERMAN

Office Sought: House Senate President
State: **NY** District: **5**

Disbursement For: Primary General
 Other (specify) ▼
2004 reelection

Amount of Each Disbursement this Period
1 000 00

Category Type

SUBTOTAL of Disbursements This Page (optional) **7.000 00**

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 4 OF 5
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	

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NAME OF COMMITTEE (in Full)
EDC CORPORATION PAC

Full Name (Last, First, Middle Initial)
A. JIM MATHESON FOR CONGRESS

Date of Disbursement
 03 / 01 / 2004

Mailing Address
 P.O. BOX 636

City: ANNANDALE State: VA Zip Code: 22003

Purpose of Disbursement: FUNDRAISER

Candidate Name: JIM MATHESON

Office Sought: House Senate President
 State: UT District: 2

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period
 1 000 00

Full Name (Last, First, Middle Initial)
B. VISCLOSKY FOR CONGRESS COMM.

Date of Disbursement
 03 / 01 / 2004

Mailing Address
 P.O. BOX 10003

City: MERRIEVILLE State: IN Zip Code: 46411

Purpose of Disbursement: FUNDRAISER

Candidate Name: PETER VISCLOSKY

Office Sought: House Senate President
 State: IN District: 4

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period
 1 000 00

Full Name (Last, First, Middle Initial)
C. VISCLOSKY FOR CONGRESS COMM

Date of Disbursement
 03 / 22 / 2004

Mailing Address
 P.O. BOX 10003

City: MERRIEVILLE State: IN Zip Code: 46411

Purpose of Disbursement: FUNDRAISER

Candidate Name: PETER VISCLOSKY

Office Sought: House Senate President
 State: IN District: 4

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period
 2 000 00

SUBTOTAL of Disbursements This Page (optional) ▶

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

4 000 00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)								
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
EDO CORPORATION

Full Name (Last, First, Middle Initial) A. VISCLOSKY FOR CONGRESS COMM		Date of Disbursement 03 22 2004
Mailing Address P.O. BOX 10003		Amount of Each Disbursement this Period 5 000 00
City MERRIEVILLE	State Zip Code IN 46411	
Purpose of Disbursement FUNDRAISER	Candidate Name PETER VISCLOSKY	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 4		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5 000 00
TOTAL This Period (last page this line number only)	29 000 00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC 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"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C) 4-16-04
<input type="checkbox"/> Postmark Legible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ME</i> PREPARER	4-21-04 DATE PREPARED