

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 2 12 14 PM '99

EDO
CORPORATION 60 East 42nd Street, Suite 5010
New York, New York 10165

July 29, 1999

Federal Election Commission

999 E Street NW

Washington, DC 20463

To Whom It May Concern:

Please note for your records our change in address:

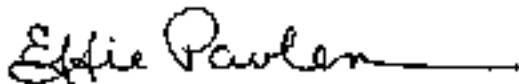
EDO Corporation PAC

60 East 42nd Street

Suite 5010

New York, NY 10165

Yours truly,



Effie Pavlou

Corporate Controller

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 2 12 04 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
EDO CORPORATION PAC

ADDRESS (number and street) Check if different than previously reported
600 E. 42ND Street - Suite 5010

CITY, STATE and ZIP CODE
New York, NY 10165

2. FEC IDENTIFICATION NUMBER
C00329318

3. 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	01-01-99 through 06-30-99		
6. (a) Cash on Hand January 1, 19__			\$ 3,899.45
(b) Cash on Hand at Beginning of Reporting Period		\$ 3,899.45	
(c) Total Receipts (from Line 1B)		\$ 5,105.00	\$ 5,105.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 9,004.45	\$ 9,004.45
7. Total Disbursements (from Line 3D)		\$ 2,841.00	\$ 2,841.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 6,163.45	\$ 6,163.45
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 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

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
KENNETH A. PALADINO

Signature of Treasurer
Kenneth A. Paladino

Date
7-29-99

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 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE EDO CORPORATION PAC		REPORT COVERING PERIOD		
		FROM	TO	
		1-1-99	6-30-99	
		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.	Named (use Schedule A)	3,840.00	3,840.00	11(a)(i)
ii.	Unitemized	1,265.00	1,265.00	11(a)(ii)
	ii. Total (add i and ii) >	5,105.00	5,105.00	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	5,105.00	5,105.00	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,105.00	5,105.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	5,105.00	5,105.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share			21(a)(ii)
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures	41.00	41.00	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	41.00	41.00	21(d)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2,800.00	2,800.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,841.00	2,841.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,841.00	2,841.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	5,105.00	5,105.00	32
33.	Total Contribution Refunds (from line 28d)	-	-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	5,105.00	5,105.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,841.00	2,841.00	35
36.	Offsets to Operating Expenditures (from line 15)	-	-	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	2,841.00	2,841.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11.0.1.

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)

EDO CORPORATION PAC

<p>A. Full Name, Mailing Address and ZIP Code KENNETH A. PALADINO 11 CELANO LAKE WEST ISLIP, NY 11795</p>		<p>Name of Employer EDO CORPORATION</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$520.00 (\$20 weekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation VICE PRESIDENT - FINANCE</p>	<p>Aggregate Year-to-Date > \$ 520.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code MARVIN D. GENZER 322 WEST 57th ST. -APT. 10C NEW YORK, NY 10019</p>		<p>Name of Employer EDO CORPORATION</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$520.00 (\$20 weekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation VP - GEN'L COUNSEL + SECRETARY</p>	<p>Aggregate Year-to-Date > \$ 520.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code EDWARD ZEBROWSKI 6342 OLDE TOWNE COURT ALEXANDRIA, VA 22307</p>		<p>Name of Employer EDO CORPORATION</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$520.00 (\$20 weekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation VICE PRESIDENT</p>	<p>Aggregate Year-to-Date > \$ 520.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code FRANK OTTO 253 RAFF AVENUE CARLE PLACE, NY 11514</p>		<p>Name of Employer EDO CORPORATION</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$520.00 (\$20 weekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation GENERAL MANAGER</p>	<p>Aggregate Year-to-Date > \$ 520.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code JOSEPH CANGELOSI 6 SWIRL LAKE LEVITTOWN, NY 11756</p>		<p>Name of Employer EDO CORPORATION</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$360.00 (\$10 weekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation ENGINEER</p>	<p>Aggregate Year-to-Date > \$ 360.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code MILO HYDE 713 DOWNINGTON DRIVE CHESAPEAKE, VA 23320</p>		<p>Name of Employer EDO CORPORATION</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$460.00 (\$20 weekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation GENERAL MANAGER</p>	<p>Aggregate Year-to-Date > \$ 460.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code DANIEL S. WOOD 5309 ROSAER PLACE VIRGINIA BEACH, VA 23464</p>		<p>Name of Employer EDO CORPORATION</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$290.00 (\$10 weekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation MARKETING</p>	<p>Aggregate Year-to-Date > \$ 290.00</p>	

SUBTOTAL of Receipts This Page (optional)

\$3,090.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

EDO CORPORATION PAC

<p>A. Full Name, Mailing Address and ZIP Code IRA KAPLAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer EDO CORPORATION</p> <p>Occupation PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Date (month, day, year) 6/6/99</p>	<p>Amount of Each Receipt this Period \$ 750.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$ 750.00

TOTAL This Period (last page this line number only)

\$ 3,840.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21(b)

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

EDO CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FLEET BANK P.O. BOX 1075 HARTFORD, CT 06143-1075	Bank charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/99 4/30/99 5/25/99 6/30/99	5.00 12.00 12.00 12.00
B. 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
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

41.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF

FOR LINE NUMBER

23

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)

EDO CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PETE KING FOR CONGRESS 3920 MERRICK ROAD SEAFORD, NY 11783	PETE KING NY HOUSE CANDIDATE - 30 th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-22-99	\$ 500.00
LAZIO FOR CONGRESS P.O. BOX 5063 BAUSHORE, NY 11706	RICK LAZIO NY HOUSE CANDIDATE - 8 th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-22-99 5-21-99 5-24-99	\$ 400.00 * 200.00 * 200.00
CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE P.O. BOX 103 ARLINGTON, VA 22210	BILL YOUNG FLA HOUSE CANDIDATE - 10 th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-99	\$ 500.00
SISISKY FOR CONGRESS P.O. BOX 2062- PETERSBURG, VA 23804	NORMAN SISISKY - VA HOUSE CANDIDATE 4 th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-99	\$ 500.00
ACKERMAN FOR CONGRESS P.O. BOX 95 FRESH MEADOWS, NY 11365	GARY ACKERMAN - NY HOUSE CANDIDATE 5 th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-99	\$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

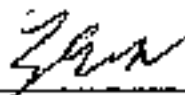

TOTAL This Period (last page this line number only)

\$ 2,800.00

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 7/29/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 	 
PREPARER	DATE PREPARED