REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 25 1 59 PM '99

1. NAME OF COMMITTEE (in full)
Searchlight Leadership Fund

ADDRESS (number and street) [X] Check if different than previously reported
818 Connecticut Avenue, NW, Ste. 1100

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C00327395

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
[X] 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? [X] YES [ ] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/99 through 6/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 24,828.43
(b) Cash on Hand at Beginning of Reporting Period	$ 17,612.98	
(c) Total Receipts (from Line 19)	$ 5,385.16	$ 6,550.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 22,998.14	$ 31,378.88
7. Total Disbursements (from Line 30)	$ 12,827.00	$ 21,207.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 10,171.14	$ 10,171.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 C. Oldaker

Signature of Treasurer: [signature]

Date 8/23/99

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

FEC FORM 3X
(revised 5/93)