

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

May 20 11 15 AM '99

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
EDS Employees' PAC

ADDRESS (number and street)  Check if different than previously reported  
1331 Pennsylvania Ave., NW #1300, North

CITY, STATE and ZIP CODE  
Washington, DC 20004-1709

2. FEC IDENTIFICATION NUMBER  
C00111688

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

## 4. TYPE OF REPORT

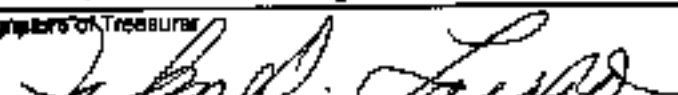
- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20  June 20  October 20
- March 20  July 20  November 20
- April 20  August 20  December 20
- May 20  September 20  January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election or \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/99</u> through <u>04/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 79,037.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 75,808.63	
(c) Total Receipts (from Line 1B)	\$ 11,888.24	\$ 82,449.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 87,736.87	\$ 131,488.87
7. Total Disbursements (from Line 3D)	\$ 14,280.00	\$ 88,002.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 73,456.87	\$ 73,484.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 1.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 1.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		

For further information contact  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-6420

Type or Print Name of Treasurer  
John D. Lacopo

Signature of Treasurer  Date  
4/19/99

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 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE EDB Employees' PAC	REPORT COVERING PERIOD	
	FROM	TO
	04/01/90	04/30/90
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	5,454.44	19,381.68 11(a)(i)
ii. Unitemized .....	6,150.82	32,131.24 11(a)(ii)
iii. Total .....	11,605.26	51,522.89 11(a)(iii)
b. Political Party Committees .....	0.00	0.00 11(b)
c. Other Political Committees (such as PACs) .....	0.00	0.00 11(c)
d. Total Contributions .....	11,605.26	51,522.89 11(d)
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00 12
13. All Loans Received .....	0.00	0.00 13
14. Loan Repayments Received .....	0.00	0.00 14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00 15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0.00	0.00 16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	250.98	928.32 17
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00 18
19. Total Receipts .....	11,856.24	52,449.21 19
20. Total Federal Receipts .....	11,856.24	52,449.21 20
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....	0.00	0.00 21(a)(i)
ii. Non-Federal Share .....	0.00	0.00 21(a)(ii)
b. Other Federal Operating Expenditures .....	0.00	0.00 21(b)
c. Total Operating Expenditures .....	0.00	0.00 21(c)
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00 22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	13,000.00	51,500.00 23
24. Independent Expenditures (use Schedule E) .....	0.00	0.00 24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....	0.00	0.00 25
26. Loan Repayments Made .....	0.00	0.00 26
27. Loans Made .....	0.00	0.00 27
28. Refunds of Contributions Tax:		
e. Individual/Persons Other Than Political Committees .....	0.00	0.00 28(e)
b. Political Party Committees .....	0.00	0.00 28(b)
c. Other Political Committees (such as PACs) .....	0.00	0.00 28(c)
d. Total Contribution Refunds .....	0.00	0.00 28(d)
29. Other Disbursements .....	1,250.00	6,502.00 29
30. Total Disbursements .....	14,250.00	58,002.00 30
31. Total Federal Disbursements .....	14,250.00	58,002.00 31
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d) .....	11,605.26	51,522.89 32
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00 33
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	11,605.26	51,522.89 34
35. Total Federal Operating Expenditures .....	0.00	0.00 35
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00 36
37. Net Operating Expenditures .....	0.00	0.00 37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use 9-gate 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)  
EDS Employees' PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>KEVIN THOMAS CURRY</b> 800 TOWER DR 3171 TROY, MI 48098 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	<b>ELECTRONIC DATA SYSTEMS</b>		
	Occupation <b>DIVISION MANAGER</b>	Payroll <b>Deduction</b>	<b>130.00</b> <b>(\$130.00)</b>
	Aggregate Year-to-Date > \$	<b>850.00</b>	<b>Monthly)</b>
<b>ROBERT MCCASHIN</b> 833 WEST S. BOULDER RD LOUISVILLE, CO 80027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>ELECTRONIC DATA SYSTEMS</b>		
	Occupation <b>SBL PRESIDENT</b>	Payroll <b>Deduction</b>	<b>210.00</b> <b>(\$210.00)</b>
	Aggregate Year-to-Date > \$	<b>840.00</b>	<b>Monthly)</b>
<b>JOHN G CRYSLER</b> 6400 LEGACY DR CL3 C3-1A-47 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>ELECTRONIC DATA SYSTEMS</b>		
	Occupation <b>SBU PRESIDENT</b>	Payroll <b>Deduction</b>	<b>100.00</b> <b>(\$100.00)</b>
	Aggregate Year-to-Date > \$	<b>400.00</b>	<b>Monthly)</b>
<b>KATHLEEN P KURKJIAN</b> 13600 EDS DR. A6N-D46 HERNDON, VA 20171 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>ELECTRONIC DATA SYSTEMS</b>		
	Occupation <b>LEGAL DIVISION MANAGER</b>	Payroll <b>Deduction</b>	<b>100.00</b> <b>(\$100.00)</b>
	Aggregate Year-to-Date > \$	<b>400.00</b>	<b>Monthly)</b>
<b>JOHN DAVID LACOPO</b> 1331 PENNSYLVANIA AVE 1300 NOR DC-0GA WASHINGTON, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>ELECTRONIC DATA SYSTEMS</b>		
	Occupation <b>CSU DIRECTOR</b>	Payroll <b>Deduction</b>	<b>208.00</b> <b>(\$208.00)</b>
	Aggregate Year-to-Date > \$	<b>850.00</b>	<b>Monthly)</b>
<b>RICHARD H BROWN</b> 5400 LEGACY DR ADM EDS CENTRE H2-7W-40 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>ELECTRONIC DATA SYSTEMS</b>		
	Occupation <b>CHIEF EXECUTIVE OFFICER</b>	Payroll <b>Deduction</b>	<b>416.88</b> <b>(\$416.88)</b>
	Aggregate Year-to-Date > \$	<b>825.02</b>	<b>Monthly)</b>
<b>GEORGE S SIBLEY JR</b> 5400 LEGACY DR ADM EDS CENTRE H3-2A-UK PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>ELECTRONIC DATA SYSTEMS</b>		
	Occupation <b>SBU PRESIDENT</b>	Payroll <b>Deduction</b>	<b>100.00</b> <b>(\$100.00)</b>
	Aggregate Year-to-Date > \$	<b>400.00</b>	<b>Monthly)</b>

SUBTOTAL of Receipts This Page (optional) ..... **1,284.88**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
EDS Employees' PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> GEORGE NEWSTROM 13600 EDS DR A6S-E20 HERNDON, VA 20171 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b>	Date (month, day, year)	Amount of Each Receipt this Period 50.00 (\$50.00) Monthly)
	Occupation <b>GROUP MANAGER</b>	Payroll Deduction	
<b>B. Full Name, Mailing Address and ZIP Code</b> TIMOTHY CHARLES RYAN 5400 LEGACY DR ADM EDS CENTRE H3-2A-UK PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b>	Date (month, day, year)	Amount of Each Receipt this Period 100.00 (\$100.00) Monthly)
	Occupation <b>SBU PRESIDENT</b>	Payroll Deduction	
<b>C. Full Name, Mailing Address and ZIP Code</b> THOMAS DUANE BRADY 30200 MOUND RD 480111N46 WARREN, MI 48090 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b>	Date (month, day, year)	Amount of Each Receipt this Period 52.00 (\$52.00) Monthly)
	Occupation <b>ACCOUNT EXECUTIVE</b>	Payroll Deduction	
<b>D. Full Name, Mailing Address and ZIP Code</b> JOSEPH R SALEM JR 5400 LEGACY DR ADM EDS CENTRE H3-2C-47 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b>	Date (month, day, year)	Amount of Each Receipt this Period 100.00 (\$100.00) Monthly)
	Occupation <b>CSU DIRECTOR</b>	Payroll Deduction	
<b>E. Full Name, Mailing Address and ZIP Code</b> LOUIS GERARD MATRONE 13800 EDS DR A6S-E20 HERNDON, VA 20171 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b>	Date (month, day, year)	Amount of Each Receipt this Period 106.00 (\$106.00) Monthly)
	Occupation <b>DIVISION MANAGER</b>	Payroll Deduction	
<b>F. Full Name, Mailing Address and ZIP Code</b> RONALD A MOLLITOR 800 TOWER DR TROY, MI 48068 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b>	Date (month, day, year)	Amount of Each Receipt this Period 60.00 (\$60.00) Monthly)
	Occupation <b>TECH DLVRY DIVISION MANAG</b>	Payroll Deduction	
<b>G. Full Name, Mailing Address and ZIP Code</b> JOHN ANTHONY MEYER JR 5400 LEGACY DR CL2 B3-1A-25 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b>	Date (month, day, year)	Amount of Each Receipt this Period 150.00 (\$150.00) Monthly)
	Occupation <b>SBU PRESIDENT</b>	Payroll Deduction	

<b>SUBTOTAL of Receipts This Page (optional)</b>	<b>618.00</b>
<b>TOTAL This Period (just page this line number only)</b>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a 1

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**NAME OF COMMITTEE (In Full)**

EDS Employees' PAC

<p><b>A. Full Name, Mailing Address and ZIP Code</b>  <b>H PAULETT EBERHART</b>                      6400 LEGACY DR ADM EDS CENTRE                      H1-3C-35                      PLANO, TX 75024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>ELECTRONIC DATA SYSTEMS</b></p> <p>Occupation  <b>SENIOR VICE PRESIDENT</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>840.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">210.00</p> <p><b>(\$210.00)</b>                      Monthly)</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>  <b>PAUL M MUSGRAVE</b>                      6400 LEGACY DR ADM EDS CENTRE                      H1-1F-22                      PLANO, TX 75024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>ELECTRONIC DATA SYSTEMS</b></p> <p>Occupation  <b>PURCHASING MANAGER</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>208.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">52.00</p> <p><b>(\$52.00)</b>                      Monthly)</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>  <b>PHILLIP L RAMSEY</b>                      5400 LEGACY DR CL1                      A3-1A-07                      PLANO, TX 75024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>ELECTRONIC DATA SYSTEMS</b></p> <p>Occupation  <b>DIVISION MANAGER</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>243.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">80.00</p> <p><b>(\$80.00)</b>                      Monthly)</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>  <b>DAVID MICHAEL BRYAN</b>                      5400 LEGACY DR CL1                      A3-1A-34                      PLANO, TX 75024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>ELECTRONIC DATA SYSTEMS</b></p> <p>Occupation  <b>ACCOUNT EXECUTIVE</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>400.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">100.00</p> <p><b>(\$100.00)</b>                      Monthly)</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>  <b>PENELOPE R KUHNMUENCH</b>                      1331 PENNSYLVANIA AVE 1300 NOR                      DC-0GA                      WASHINGTON, DC 20004</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>ELECTRONIC DATA SYSTEMS</b></p> <p>Occupation  <b>GOVERNMENT RELATIONS MGR</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>320.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">80.00</p> <p><b>(\$80.00)</b>                      Monthly)</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>  <b>JOHN D STAEDKE</b>                      800 LONG RIDGE ROAD EDS C/O XE                      STAMFORD, CT 06804</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>ELECTRONIC DATA SYSTEMS</b></p> <p>Occupation  <b>SBU PRESIDENT</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>354.80</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">98.20</p> <p><b>(\$98.20)</b>                      Monthly)</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>  <b>ANTHONY ELDRED GOOD</b>                      5400 LEGACY DR ADM EDS CENTRE                      H3-5C-80                      PLANO, TX 75024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>ELECTRONIC DATA SYSTEMS</b></p> <p>Occupation  <b>MARKETING MANAGER</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>400.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p style="text-align: right;">100.00</p> <p><b>(\$100.00)</b>                      Monthly)</p>

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

**698.20**

**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

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NAME OF COMMITTEE (In Full)  
EDS Employees' PAC

<p><b>A. Full Name, Mailing Address and ZIP Code</b> ELIZABETH KIRKPATRICK 800 TOWER DR MS 3291 TROY, MI 48068</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ELECTRONIC DATA SYSTEMS</p> <p>Occupation SBU PRESIDENT</p> <p>Aggregate Year-to-Date &gt; \$ 400.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>(\$100.00)</p> <p>Monthly</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> CLAYTON L SNYDER 30001 VAN DYKE 480-210175 WARREN, MI 48090</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ELECTRONIC DATA SYSTEMS</p> <p>Occupation SBU PRESIDENT</p> <p>Aggregate Year-to-Date &gt; \$ 447.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>110.00</p> <p>(\$110.00)</p> <p>Monthly</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> CHARLES M GIRARD 13600 EDS DR A55-A52 HERNDON, VA 20171</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ELECTRONIC DATA SYSTEMS</p> <p>Occupation GOVT ADVISORY SVC STR MGR</p> <p>Aggregate Year-to-Date &gt; \$ 231.12</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>119.06</p> <p>(\$119.06)</p> <p>Monthly</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> MICHAEL MILTON 5400 LEGACY DR ADM EDS CENTRE H1-4D-34 PLANO, TX 75024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ELECTRONIC DATA SYSTEMS</p> <p>Occupation ASSISTANT CONTROLLER</p> <p>Aggregate Year-to-Date &gt; \$ 401.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p> <p>(\$100.00)</p> <p>Monthly</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> JUSTIN K FORD 5400 LEGACY DR ADM EDS CENTRE H1-3F-67 PLANO, TX 75024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ELECTRONIC DATA SYSTEMS</p> <p>Occupation TECH DLVRY DIVISION MANAG</p> <p>Aggregate Year-to-Date &gt; \$ 201.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>52.00</p> <p>(\$52.00)</p> <p>Monthly</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> DONALD EVERETT GUTHRIE 800 TOWER DR ROOM 346 TROY, MI 48068</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ELECTRONIC DATA SYSTEMS</p> <p>Occupation SBU PRESIDENT</p> <p>Aggregate Year-to-Date &gt; \$ 244.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>80.00</p> <p>(\$80.00)</p> <p>Monthly</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> ROBERT C MCCULLOCH 5400 LEGACY DR ADM EDS CENTRE H3-2A-GE PLANO, TX 75024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ELECTRONIC DATA SYSTEMS</p> <p>Occupation DIVISION MANAGER</p> <p>Aggregate Year-to-Date &gt; \$ 248.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>80.00</p> <p>(\$80.00)</p> <p>Monthly</p>

**SUBTOTAL of Receipts This Page (optional)** ..... 801.06

**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

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NAME OF COMMITTEE (in Full)  
EDS Employees' PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> NICK BARRETTA 6400 LEGACY DR ADM EDS CENTRE H3-5C-47 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ELECTRONIC DATA SYSTEMS Date (month, day, year)	Payroll Deduction	Amount of Each Receipt This Period 100.00 (\$100.00) Monthly)
	Occupation GROUP MANAGER Aggregate Year-to-Date > \$ 400.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> WILLIAM R MEFFORD 6400 LEGACY DR ADM EDS CENTRE H1-2A-90 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ELECTRONIC DATA SYSTEMS Date (month, day, year)	Payroll Deduction	Amount of Each Receipt This Period 210.00 (\$210.00) Monthly)
	Occupation GROUP MANAGER Aggregate Year-to-Date > \$ 840.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> LARRY LAKE BRYANT 6400 LEGACY DR ADM EDS CENTRE H1-5C-48 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ELECTRONIC DATA SYSTEMS Date (month, day, year)	Payroll Deduction	Amount of Each Receipt This Period 100.00 (\$100.00) Monthly)
	Occupation DIVISION MANAGER Aggregate Year-to-Date > \$ 400.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> JOHN W WROTEN JR 6400 LEGACY DR ADM EDS CENTRE H1-5A-05 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ELECTRONIC DATA SYSTEMS Date (month, day, year)	Payroll Deduction	Amount of Each Receipt This Period 270.00 (\$270.00) Monthly)
	Occupation GROUP MANAGER Aggregate Year-to-Date > \$ 840.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> JOHN ROBERT GRISHAM 6400 LEGACY DR CL2 H3-8C-4B PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ELECTRONIC DATA SYSTEMS Date (month, day, year)	Payroll Deduction	Amount of Each Receipt This Period 104.16 (\$104.16) Monthly)
	Occupation SSU PRESIDENT Aggregate Year-to-Date > \$ 411.64		
<b>F. Full Name, Mailing Address and ZIP Code</b> MARK WILLIAM TRAVIS 6400 LEGACY DR ADM EDS CENTRE H1-4C-62 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ELECTRONIC DATA SYSTEMS Date (month, day, year)	Payroll Deduction	Amount of Each Receipt This Period 110.00 (\$110.00) Monthly)
	Occupation ASSISTANT CONTROLLER Aggregate Year-to-Date > \$ 450.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> ANTHONY E WEYNAND 6400 LEGACY DR ADM EDS CENTRE H1-3D-93 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ELECTRONIC DATA SYSTEMS Date (month, day, year)	Payroll Deduction	Amount of Each Receipt This Period 100.00 (\$100.00) Monthly)
	Occupation SSU DIRECTOR Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)	934.16
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 7  
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)  
EDS Employees' PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>CHARLES ANSLEY</b> 5400 LEGACY DR ADM EDS CENTRE H1-8C-35 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b> Date (month, day, year) Payroll Deduction Occupation <b>SBU PRESIDENT</b> Aggregate Year-to-Date > \$ <b>800.00</b>	Amount of Each Receipt this Period 200.00 (\$200.00) Monthly)
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>MYRNA BESS VANCE</b> 5400 LEGACY DR ADM EDS CENTRE H1-2D-05 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b> Date (month, day, year) Payroll Deduction Occupation <b>CSII DIRECTOR</b> Aggregate Year-to-Date > \$ <b>250.00</b>	Amount of Each Receipt this Period 100.00 (\$100.00) Monthly)
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>COLEY CLARK</b> 5400 LEGACY DR ADM EDS CENTRE H3-8C-48 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b> Date (month, day, year) Payroll Deduction Occupation <b>SENIOR VICE PRESIDENT</b> Aggregate Year-to-Date > \$ <b>831.34</b>	Amount of Each Receipt this Period 208.34 (\$208.34) Monthly)
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>DON ALLEN BARNARD</b> 5400 LEGACY DR ADM EDS CENTRE H1-5D-83 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b> Date (month, day, year) Payroll Deduction Occupation <b>DIVISION MANAGER</b> Aggregate Year-to-Date > \$ <b>320.00</b>	Amount of Each Receipt this Period 80.00 (\$80.00) Monthly)
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>JOHN R CASTLE JR</b> 5400 LEGACY DR ADM EDS CENTRE H3-3F-35 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b> Date (month, day, year) Payroll Deduction Occupation <b>EXECUTIVE VICE PRESIDENT</b> Aggregate Year-to-Date > \$ <b>1,600.00</b>	Amount of Each Receipt this Period 400.00 (\$400.00) Monthly)
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>SCOTT JOHN KRENZ</b> 5400 LEGACY DR ADM EDS CENTRE H1-3A-93 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b> Date (month, day, year) Payroll Deduction Occupation <b>CORPORATE TREASURER</b> Aggregate Year-to-Date > \$ <b>400.00</b>	Amount of Each Receipt this Period 100.00 (\$100.00) Monthly)
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>VERNON M OLSON</b> 5400 LEGACY DR ADM EDS CENTRE H4-8B-35 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b> Date (month, day, year) Payroll Deduction Occupation <b>HUMAN RESOURCES DIVISION</b> Aggregate Year-to-Date > \$ <b>400.00</b>	Amount of Each Receipt this Period 100.00 (\$100.00) Monthly)

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

1,188.34

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
EDS Employees' PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> LISA A DONNAN 6400 LEGACY DR ADM EDS CENTRE H1-3C-73 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b>	Date (month, day, year)	Amount of Each Receipt this Period  50.00 (\$50.00 Monthly)
	Occupation <b>UNIT CONTROLLER</b> Aggregate Year-to-Date > \$ 320.00	Payroll Deduction	
<b>B. Full Name, Mailing Address and ZIP Code</b> BRIAN GRAHAM LUYT 5400 LEGACY DR CL3 C1-2E-08 PLANO, TX 75024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>ELECTRONIC DATA SYSTEMS</b>	Date (month, day, year)	Amount of Each Receipt this Period  100.00 (\$100.00 Monthly)
	Occupation <b>TECH DLVRY DIVISION MANAG.</b> Aggregate Year-to-Date > \$ 400.00	Payroll Deduction	
<b>C. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		

<b>SUBTOTAL</b> of Receipts This Page (optional)	150.00
<b>TOTAL</b> This Period (last page this line number only)	5,484.44

**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)  
EDS Employees PAC

<p>A. Full Name, Mailing Address and ZIP Code EDS Employees FCU 5240 Tennyson Parkway ED-01-FCU Plano, TX 75024-3598</p>	<p>Name of Employer Electronic Data Systems</p>	<p>Date (month, day, year) 04/01/99</p>	<p>Amount of Each Receipt this Period 230.98</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>			
		<p>Aggregate Year-to-Date \$ 1,128.61</p>		
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>			
		<p>Aggregate Year-to-Date \$</p>		
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>			
		<p>Aggregate Year-to-Date \$</p>		
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>			
		<p>Aggregate Year-to-Date \$</p>		
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>			
		<p>Aggregate Year-to-Date \$</p>		
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>			
		<p>Aggregate Year-to-Date \$</p>		
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>			
		<p>Aggregate Year-to-Date \$</p>		

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>230.98</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p>230.98</p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

SDS Employees PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Filner for Congress Post Office Box 127868 San Diego, CA 92112	Bob Filner, U.S. HOUSE-D-60th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Pete Sessions for Congress P.O. Box 140970 Dallas, TX 75214-0970	Pete Sessions, U.S. HOUSE-R-5th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Jesse L. Jackson, Jr. for Congress 421 New Jersey Avenue, SE Washington, DC 20003	Jesse Jackson, U.S. HOUSE-D-2nd FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Congressman Joe Barton Committee Post Office Box 1444 Ennis, TX 75120	Joe Barton, U.S. HOUSE-R-6th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Luther for Congress Volunteer Committee 1359 Geneva Avenue North Suite 202 Oakdale, MN 55128	William Luther, U.S. HOUSE-D- 6th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Friends of Sherrod Brown P.O. Box 2884 Washington, DC 20013	Sherrod Brown, U.S. HOUSE-D- 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
John D. Dingell for Cong. Committee P.O. Box 75214 Washington, DC 20013-8214	John Dingell, U.S. HOUSE-D-16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Billy Tauzin Committee Post Office Box 1407 Thibodaux, LA 70302	W.J. "Billy" Tauzin, U.S. HOUSE-R- 3rd LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
Congressman Bill Young Campaign Committee P. O. Box 103 Arlington, VA 22210	C.W. Bill Young, U.S. HOUSE-R- 10th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00

SUBTOTAL of Disbursements This Page (optional) ..... 4,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

License fee schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 2 OF 3  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

EDS Employees' PAC

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Christopher Cox Congressional Committee P.O. Box 8088-C Newport Beach, CA 92858</p>	<p><b>Purpose of Disbursement</b> G. Christopher Cox, U.S. HOUSE-R- 47th CA</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p><b>Date (month, day, year)</b> 04/14/99</p>	<p><b>Amount of Each Disbursement This Period</b> 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Hall to Congress Committee P. O. Box 711 Rockwall, TX 75087-0711</p>	<p><b>Purpose of Disbursement</b> Ralph M. Hall, U.S. HOUSE-R- 4th TX</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p><b>Date (month, day, year)</b> 04/14/99</p>	<p><b>Amount of Each Disbursement This Period</b> 500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Boucher for Congress P.O. Box 2000 Abingdon, VA 24202</p>	<p><b>Purpose of Disbursement</b> Rick Boucher, U.S. HOUSE-D- 9th VA</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p><b>Date (month, day, year)</b> 04/14/99</p>	<p><b>Amount of Each Disbursement This Period</b> 500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Rangel for Congress 2000 P.O. Box 5577 New York, NY 10027</p>	<p><b>Purpose of Disbursement</b> Charles Rangel, U.S. HOUSE-D- 15th NY</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p><b>Date (month, day, year)</b> 04/14/99</p>	<p><b>Amount of Each Disbursement This Period</b> 500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Adam Smith for Congress Committee P.O. Box 25345 Federal Way, WA 98003-2345</p>	<p><b>Purpose of Disbursement</b> Adam Smith, U.S. HOUSE-D- 8th WA</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p><b>Date (month, day, year)</b> 04/14/99</p>	<p><b>Amount of Each Disbursement This Period</b> 500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Rogers for Congress Committee Post Office Box 1214 Somerset, KY 42502</p>	<p><b>Purpose of Disbursement</b> Harold Rogers, U.S. HOUSE-R- 8th KY</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p><b>Date (month, day, year)</b> 04/14/99</p>	<p><b>Amount of Each Disbursement This Period</b> 500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Frist 2000 4206 Hillsboro Road Suite 306 Nashville, TN 37215</p>	<p><b>Purpose of Disbursement</b> Bill Frist, U.S. SENATE-R-TN</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p><b>Date (month, day, year)</b> 04/14/99</p>	<p><b>Amount of Each Disbursement This Period</b> 1,000.00</p>
<p><b>H. Full Name, Mailing Address and ZIP Code</b> Kay Bailey Hutchinson for Senate Comm. P. O. Box 9190 Dallas, TX 75209</p>	<p><b>Purpose of Disbursement</b> Kay Bailey Hutchinson, U.S. SENATE-R-TX</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p><b>Date (month, day, year)</b> 04/14/99</p>	<p><b>Amount of Each Disbursement This Period</b> 1,000.00</p>
<p><b>I. Full Name, Mailing Address and ZIP Code</b> Friends of Conrad Burns P. O. Box 70397 Washington, DC 20024</p>	<p><b>Purpose of Disbursement</b> Conrad Burns, U.S. SENATE-R- MT</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p><b>Date (month, day, year)</b> 04/14/99</p>	<p><b>Amount of Each Disbursement This Period</b> 1,000.00</p>

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

6,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
EBS Employees' PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hastert for Congress Committee P. O. Box 526 Babylon, IL 60510	Dennis Hastert, U.S. HOUSE-R- 14th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Kennedy for Senate 428 G L Street, NE Rear Building Washington, DC 20002	Edward Kennedy, U.S. SENATE-D- MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee Post Office Box 386 Belleville, CA 93302	Bill Thomas, U.S. HOUSE-R- 21st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	500.00
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) .....	2,500.00
<b>TOTAL</b> This Period (last page this line number only) .....	13,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

**NAME OF COMMITTEE (In Full)**  
 609 Employees' PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Comm. to Re-elect Assemb. Aurelia Greene 1248 Teller Avenue Bronx, NY 10456	Aurelia Greene, STATE HOUSE ASSEMBLY-D- 77th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	250.00
B. Full Name, Mailing Address and ZIP Code Friends of Alan Diamonstein P. O.Box 1039 Newport News, VA 23601	Purpose of Disbursement Alan Diamonstein, HOUSE OF DELEGATES-D-VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 04/14/99	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Woods for Senate P.O. Box 1387 Fairfax, VA 22030	Purpose of Disbursement Jane Woods, R- STATE SENATE VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	Date (month, day, year) 04/14/99	Amount of Each Disbursement This Period 500.00
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) .....	<b>1,250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1,250.00</b>

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5-20-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>SEP</i> PREPARER	 5-20-99 DATE PREPARED