

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) EDISON INTERNATIONAL PAC	2. FEC IDENTIFICATION NUMBER C00019653
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 2244 WALNUT GROVE AVE.	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M) Prior to 1/1/94
CITY, STATE and ZIP CODE ROSEMead, CA 91770	

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 on _____ 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, 1999		32,493.09
(b) Cash on Hand at Beginning of Reporting Period	52,381.23	
(c) Total Receipts (from Line 19)	21,480.13	91,466.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73,861.36	123,959.61
7. Total Disbursements (from Line 30)	34,500.00	84,598.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39,361.36	39,361.36
9. Debts and Obligations Owed TO 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 800-424-9630 Local 202-476-8120
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

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 CARY DAVIDSON	
Signature of Treasurer 	Date 5/20/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE EDISON INTERNATIONAL PAC	REPORT COVERING PERIOD	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	7,207.13	22,830.92
ii. Unitemized	14,273.00	67,635.60
iii. Total	21,480.13	90,466.52
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions	21,480.13	90,466.52
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	21,480.13	91,466.52
20. Total Federal Receipts (subtract line 18 from line 19)	21,480.13	91,466.52
II. Disbursements		
21. Operating Expenditures		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	98.25
c. Total Operating Expenditures (add a i, a ii, and b)	0.00	98.25
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Party Committees	34,500.00	84,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c)	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	34,500.00	84,598.25
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	34,500.00	84,598.25
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	21,480.13	90,466.52
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	21,480.13	90,466.52
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	0.00	98.25
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	98.25

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

See separate schedule(s) for each category of the Detailed Summary Page (447189 - 04/00/99)

PAGE 1 OF 9
FOR LINE NUMBER 11(a)(i)

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)

EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code CHARLES N. ALLEN P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code GARY L. ALLEN P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code JOHN W. BALLANCE P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code PAMELA A. BASS P.O. BOX 800 ROSEMEAD, CA 92612	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code BRIAN O. BENNETT P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > 5 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code LARA L. BLAKELY P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 60.00 (\$60 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code JOHN E. BRYSON P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 416.50 (\$417 Monthly)
	Occupation CHAIRMAN OF THE BOARD	Aggregate Year-to-Date > \$ 1,666.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)

951.50

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)
 EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code VIKRAM S. BUDHRAJA 6040 N. IRWINDALE AVE. IRWINDALE, CA 91702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer EDISON INTERNATIONAL	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code JAMES B. CANNEY P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code RALPH A. CAVALLO P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code DANIEL B. COBB P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code ANN PAULINE COHN P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code HAL E. CONKLIN P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 60.00 (\$60 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
G. Full Name, Mailing Address and ZIP Code MARTIN V. COOPER P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)	610.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(a) for each category of the Detailed Summary Page (040102 - 040202)

PAGE 3 OF 9
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code JOHN F. DAYTON III P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code JOHN R. FIELDER P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 200.00 (\$200 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 800.00		
C. Full Name, Mailing Address and ZIP Code ALAN J. FOHRER P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 250.00 (\$250 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code ROBERT FOSTER P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 416.00 (\$416 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 1,664.00		
E. Full Name, Mailing Address and ZIP Code WILLIAM F. FOX P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code POLLY L. GAULT 555 12TH ST. N.W., SUITE 640 WASHINGTON, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 500.00 (\$500 Monthly)
	Occupation VICE PRESIDENT Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code HERBERT A. GLASER 18101 VON KARMAN AVE., SUITE 1700 IRVINE, CA 92612 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer EDISON MISSION ENERGY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation VICE PRESIDENT Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)

1,616.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/97 - 04/30/98)

PAGE 4 OF 9
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

EDISON INTERNATIONAL PAC C00D19653

A. Full Name, Mailing Address and ZIP Code ANDREW L. GRANT P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code DENISE K. GRANT P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code VERONICA GUTIERREZ P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code JANET P. HALLIWELL P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code LAWRENCE D. HAMLIN P.O. BOX 800 ROSEMEAD, CA 92612 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 125.00 (\$125 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code KARL B. HENDERSON P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code MICHAEL M. HERTEL P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)	675.00
TOTAL This Period (total page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/99 - 04/30/99)

PAGE 5 OF 9
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code THOMAS J. HIGGINS P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 84.00 (\$84 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 336.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
B. Full Name, Mailing Address and ZIP Code JAMES A. HOOVER P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 60.00 (\$60 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
C. Full Name, Mailing Address and ZIP Code AKBAR JAZAYERI P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 60.00 (\$60 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
D. Full Name, Mailing Address and ZIP Code ROBERT L. JENSEN P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
E. Full Name, Mailing Address and ZIP Code EDWARD J. KAIN P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
F. Full Name, Mailing Address and ZIP Code BRIAN KATZ P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			
G. Full Name, Mailing Address and ZIP Code R W KRIEGER, JR. P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 125.00 (\$125 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):			

SUBTOTAL of Receipts This Page (optional)

579.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (04/01/99 - 04/30/99)

PAGE 6 OF 9
 FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code JAMES M. LEHRER P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code WALTER LICKTEIG P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code SUEANNE MIDDELBERG P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code MICHAEL R. MONTOYA P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code WESLEY C. MOODY P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code PAUL D. MYERS P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code CHRISTA PIANZADOSI P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
 for each category of the
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NAME OF COMMITTEE (In Full)

EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code STEPHEN E. PICKETT P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code DOUGLAS K. PORTER P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code FRANK QUBVEDO P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 84.00 (\$84 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 336.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code HAROLD B. RAY P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 250.00 (\$250 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code DONALD A. REID P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code GENE E. RODRIGUES P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code RICHARD M. ROSENBLUM P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period 208.33 (\$208 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 833.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

867.33

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
 for each category of the
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NAME OF COMMITTEE (in Full)

EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code BEVERLY P. RYDER P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period \$3.30 (\$83 Monthly)
	Occupation CORPORATE SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 333.20		
B. Full Name, Mailing Address and ZIP Code GARY L. SCHOONYAN P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code BARRY R. SEDLIK P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code KENNETH A. SLAGLE P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code ANTHONY L. SMITH P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code DAVID NED SMITH P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code JEAN S. SOLARI P.O. BOX 800 ROSEMEAD, CA 91770	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)

633.30

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code MARGARET L. SOMMERS P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code KENNETH S. STEWART P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code GILBERT H. L. TAN P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code GADDI H. VASQUEZ P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code SUSANNE P. YAGNER P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 100.00 (\$100 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code GALLY L. WILLIAMS P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 75.00 (\$75 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code MAHVASH YAZDI P.O. BOX 800 ROSEMEAD, CA 91770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer SOUTHERN CALIFORNIA EDISON	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 125.00 (\$125 Monthly)
	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	675.00
TOTAL This Period (last page this line number only)	7,207.13

SCHEDULE B ITEMIZED DISBURSEMENTS
 Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (DCC199 - 04/30/99)

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NAME OF COMMITTEE (In Full)

EDISON INTERNATIONAL PAC C00019653

<p>A. Full Name, Mailing Address and ZIP Code AKAKA IN 2000 3125 KACHINANI DR. HONOLULU, HI 96817</p>	<p>Purpose of Disbursement DANIEL AKAKA SENATE - HI</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/30/99</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 395 BAKERSFIELD, CA 93302</p>	<p>Purpose of Disbursement BILL THOMAS HOUSE CA - 21</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Disbursement this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code BOB FILNER FOR CONGRESS P.O. BOX 127868 SAN DIEGO, CA 92112</p>	<p>Purpose of Disbursement BOB FILNER HOUSE CA - 50</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code BODCHER FOR CONGRESS P.O. BOX 2000 ABINGDON, VA 24212</p>	<p>Purpose of Disbursement RICK BODCHER HOUSE VA - 09</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/30/99</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code CONDIT FOR CONGRESS COMMITTEE 44 CANAL CENTER PLAZA, STE. 400 ALEXANDRIA, VA 22314</p>	<p>Purpose of Disbursement GARY CONDIT HOUSE CA - 13</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/30/99</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code DASHPAC 424 C ST., NE, FIRST FLR. WASHINGTON, DC 20002</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Disbursement this Period 5,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code DINGELL FOR CONGRESS 607 14TH ST., N.W. WASHINGTON, DC 20005</p>	<p>Purpose of Disbursement JOHN DINGELL HOUSE MI - 16</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/07/99</p>	<p>Amount of Each Disbursement this Period 2,000.00</p>
<p>H. Full Name, Mailing Address and ZIP Code EHRLICH FOR CONGRESS COMMITTEE 1301 YORK RD., STE. 705 LUTHERVILLE, MD 21093</p>	<p>Purpose of Disbursement ROBERT EHRLICH HOUSE MD - 02</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/07/99</p>	<p>Amount of Each Disbursement this Period 1,000.00</p>
<p>I. Full Name, Mailing Address and ZIP Code FRIENDS OF NEWT GINGRICH PAC P.O. BOX 1030 ROSWELL, GA 30077</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Disbursement this Period 2,000.00</p>

SUBTOTAL of Disbursements This Page (optional)

13,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS
 Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (04C1.99 - 04SC90)

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NAME OF COMMITTEE (In Full)

EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code FRIENDS OF RON PACKARD P.O. BOX 1549 CARLSBAD, CA 92018	Purpose of Disbursement RON PACKARD HOUSE CA - 48 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 04/30/99	Amount of Each Disbursement this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code HAGEL FOR NEBRASKA COMMITTEE P.O. BOX 241497 OMAHA, NE 68124	Purpose of Disbursement CHUCK HAGEL SENATE - NE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): 1996 Debt Retirement	Date (month, day, year) 04/26/99	Amount of Each Disbursement this Period 2,000.00
C. Full Name, Mailing Address and ZIP Code HALL FOR CONGRESS COMMITTEE P.O. BOX 711 ROCKWALL, TX 75087	Purpose of Disbursement RALPH HALL HOUSE TX - 04 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 04/26/99 04/27/99	Amount of Each Disbursement this Period 1,000.00 500.00
D. Full Name, Mailing Address and ZIP Code HATCH ELECTION COMMITTEE 257 EAST 200 SOUTH, STE. 950 SALT LAKE CITY, UT 84111	Purpose of Disbursement CHRIS G. HATCH SENATE - UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 04/26/99	Amount of Each Disbursement this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code JOHN D. DINGELL FOR CONGRESS COMMITTEE P.O. BOX 75214 WASHINGTON, DC 20013-5214	Purpose of Disbursement JOHN D. DINGELL HOUSE MI 16 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 04/26/99	Amount of Each Disbursement this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code JOHN DOOLITTLE FOR CONGRESS 400 CAPITOL MALL, STE. 1560 SACRAMENTO, CA 95814	Purpose of Disbursement JOHN T. DOOLITTLE HOUSE CA - 04 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 04/26/99	Amount of Each Disbursement this Period 500.00
G. Full Name, Mailing Address and ZIP Code JOHN SPRATT FOR CONGRESS P.O. BOX 2884 WASHINGTON, DC 20013	Purpose of Disbursement JOHN SPRATT HOUSE SC 05 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 04/07/99	Amount of Each Disbursement this Period 1,000.00
H. Full Name, Mailing Address and ZIP Code JON KYL FOR U.S. SENATE 507 CAPITOL COURT, NE, STE. 100 WASHINGTON, DC 20002	Purpose of Disbursement JON KYL SENATE - AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 04/26/99	Amount of Each Disbursement this Period 1,000.00
I. Full Name, Mailing Address and ZIP Code KEEP OUR MAJORITY PAC (KOMPA) P.O. BOX 18277 WASHINGTON, DC 20036-8277	Purpose of Disbursement DENNIS HARTERT HOUSE IL - 14 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 04/26/99	Amount of Each Disbursement this Period 2,000.00

SUBTOTAL of Disbursements This Page (optional)	11,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**
 Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/99 - 04/30/99)

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NAME OF COMMITTEE (In Full)

EDISON INTERNATIONAL PAC C00019653

<p>A. Full Name, Mailing Address and ZIP Code KOLBE 2000 COMMITTEE P.O. BOX 31568 TUCSON, AZ 85751</p>	<p>Purpose of Disbursement JIM KOLBE HOUSE AZ - 05</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Date (month, day, year) 04/07/99</p>	<p>Amount of Each Disbursement this Period 2,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code LEWIS FOR CONGRESS COMMITTEE 4451 BROOKFIELD CORPORATE DR., STE. 300 CHANTILLY, VA 20151-1652</p>	<p>Purpose of Disbursement JERRY LEWIS HOUSE CA - 40</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Date (month, day, year) 04/30/99 04/07/99</p>	<p>Amount of Each Disbursement this Period 500.00 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code LUCILLE ROYBAL-ALLARD FOR CONGRESS P.O. BOX 2884 WASHINGTON, DC 20013</p>	<p>Purpose of Disbursement LUCILLE ROYBAL-ALLARD HOUSE CA - 32</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code MIKE BILIRAKIS FOR CONGRESS COMMITTEE 1350 EYE ST., N.W. STE. 1010 WASHINGTON, DC 20005</p>	<p>Purpose of Disbursement MICHAEL BILIRAKIS HOUSE FL - 06</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Date (month, day, year) 04/30/99</p>	<p>Amount of Each Disbursement this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code PEOPLE FOR ENGLISH P.O. BOX 1940 ERIE, PA 16507</p>	<p>Purpose of Disbursement PHIL ENGLISH HOUSE PA - 21</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Disbursement this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code RADANOVICH FOR CONGRESS 30151 TOMAS ST. RANCHO SANTA MARGARITA, CA 92688</p>	<p>Purpose of Disbursement GEORGE RADANOVICH HOUSE CA - 19</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Date (month, day, year) 04/07/99</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code RE-ELECT AL WYNN COMMITTEE P.O. BOX 5323 CAPITOL HEIGHTS, MD 20791</p>	<p>Purpose of Disbursement AL WYNN HOUSE MD - 04</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Disbursement this Period 1,000.00</p>
<p>H. Full Name, Mailing Address and ZIP Code ROBB FOR SENATE P.O. BOX 1279 MCLEAN, VA 22101</p>	<p>Purpose of Disbursement CHUCK ROBB SENATE - VA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Disbursement this Period 1,000.00</p>
<p>I. Full Name, Mailing Address and ZIP Code SANTORUM 2000 128 N. COLUMBUS ST. ALEXANDRIA, VA 22314</p>	<p>Purpose of Disbursement RICK SANTORUM SENATE - PA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify):</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Disbursement this Period 1,000.00</p>

SUBTOTAL of Disbursements This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS
 Contribution to Federal Candidates/Committees and Other Party Committees

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NAME OF COMMITTEE (in Full)

EDISON INTERNATIONAL PAC C00019653

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SIMPSON FOR CONGRESS 786 HOFF DR. BLACKFOOD, ID 83221	MIKE SIMPSON HOUSE ID - 02 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/07/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
TRENT LOTT FOR MISSISSIPPI P.O. BOX 22824 JACKSON, MS 39225	TRENT LOTT MS - SENATE Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/07/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	34,500.00

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 5-20-99
<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>	 5-24-99
PREPARER	DATE PREPARED