

PRAXAIR PAC

Praxair, Inc. Political Action Committee
P.O. Box 2958
Danbury, CT 06813-2958

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 18 1 32 PM '98
July 15, 1998

Federal Election Commission
999 E Street NW
Washington, DC 20463

RE: July 15 Quarterly Report Submission
(4/01/98 thru 6/30/98)
Praxair, Inc. Political Action Committee
(ID No. C00283440)

Ladies & Gentlemen:

Enclosed please find the July 15 quarterly report submission on behalf of Praxair, Inc. Political Action Committee. If there are any questions, please do not hesitate to contact me.

Sincerely,

James B. Rouse
James B. Rouse, Treasurer

cc: D. H. Chaifetz
T. D. Finnigan
D. Ward

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 18 1 32 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00283440 060498 F 209
 JAMES B ROUSE
 FRAXAIR INC POLITICAL ACTION C
 COMMITTEE
 39 OLD RIDGEBURY ROAD
 PO BOX 2938
 DANBURY CT 06813

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/01/98</u> through <u>6/30/98</u>		
6. (a) Cash on Hand January 1, 19____		\$ 34,026.13
(b) Cash on Hand at Beginning of Reporting Period	\$ 26,667.14	
(c) Total Receipts (from Line 19)	\$ 15,300.00	\$ 25,941.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 41,967.14	\$ 59,967.14
7. Total Disbursements (from Line 30)	\$ 16,500.00	\$ 34,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 25,467.14	\$ 25,467.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	For further information contact: Federal Election Commission 869 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

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
James B. ROUSE

Signature of Treasurer

James B. Rouse

Date
July 15, 1998

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

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FEC FORM 3X
(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Praxair, Inc. Political Action Committee		REPORT COVERING PERIOD		
		FROM 4/01/98	TO 6/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	\$ 11,254.00	\$ 14,125.00	11(a)(i)
ii.	Unitemized	4,046.00	11,816.01	11(a)(ii)
iii.	Total (add i and ii) >	15,300.00	25,941.01	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	15,300.00	25,941.01	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	15,300.00	25,941.01	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	15,300.00	25,941.01	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	16,000.00	34,000.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >	500.00	1,500.00	28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,500.00	34,500.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	15,300.00	25,941.01	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	15,300.00	25,941.01	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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) Praxair, Inc. Political Action Committee			
A. Full Name, Mailing Address and ZIP Code H. W. Lichtenberger 55 Twin Ridge Ridgefield, CT 06877	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$750 (\$250/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO	Aggregate Year-to-Date > \$1,500	
B. Full Name, Mailing Address and ZIP Code Edgar G. Rotard 119 Carole Street Danbury, CT 06810	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$300 (\$100/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & COO	Aggregate Year-to-Date > \$600	
C. Full Name, Mailing Address and ZIP Code S. M. Seymour 83 Lone Tree Farm New Canaan, CT 06840	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$669 (\$251/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Taxes	Aggregate Year-to-Date > \$1,170	
D. Full Name, Mailing Address and ZIP Code William M. Therrien 9145 Thompsonwood Road Clarence Center, NY 14032	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$450 (\$150/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Engineering	Aggregate Year-to-Date > \$825	
E. Full Name, Mailing Address and ZIP Code Joseph S. Cappello Tremont Lane Brookfield, CT 06804	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$255 (\$85/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Investor Relations	Aggregate Year-to-Date > \$510	
F. Full Name, Mailing Address and ZIP Code F. L. Ridding 11349 Clarkston Road Zionsville, IN 46077	Name of Employer Praxair Surface Technologies	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$225 (\$75/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager Operations	Aggregate Year-to-Date > \$450	
G. Full Name, Mailing Address and ZIP Code T. W. von Krannichfeldt 12552 Walnut Ridge Place Fishers, IN 46038	Name of Employer Praxair Surface Technologies	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$450 (\$150/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$690	
SUBTOTAL of Receipts This Page (optional)			\$3,099
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 2 OF 5
FOR LINE NUMBER 11.a.1

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

NAME OF COMMITTEE (In Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code James B. Rouse 6 North Valley Road Ridgefield, CT 06877 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$225 (\$75/month)
	Occupation Assoc. Director Energy Policy Aggregate Year-to-Date > \$ 450		
B. Full Name, Mailing Address and ZIP Code S. K. Fanning 12C Spruce Mountain Road Danbury, CT 06810 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$150 (\$50/month)
	Occupation Director, Compensation Aggregate Year-to-Date > \$300		
C. Full Name, Mailing Address and ZIP Code T. D. Finnigan 9501 Mt Vernon Landing Alexandria, VA 22309-3222 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$150 (\$50/month)
	Occupation Director Government Relations Aggregate Year-to-Date > \$ 300		
D. Full Name, Mailing Address and ZIP Code R. J. Grader 120 Northington Drive East Amherst, NY 14051 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$105 (\$35/month)
	Occupation General Manager Aggregate Year-to-Date > \$ 210		
E. Full Name, Mailing Address and ZIP Code J. M. Hughes 323 Wellingwood East Amherst, NY 14051 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$225 (\$75/month)
	Occupation Manager National Logistics Aggregate Year-to-Date > \$ 405		
F. Full Name, Mailing Address and ZIP Code L. G. Kastriner 4 Birchwood Lane Westport, CT 06880 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$90 (\$30/month)
	Occupation Chief Patent Counsel Aggregate Year-to-Date > \$ 215.01		
G. Full Name, Mailing Address and ZIP Code R. P. Kenny 57 Morningside Lane Williamsville, NY 14221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Praxair, Inc.	Date (month, day, year) payroll	Amount of Each Receipt This Period \$150 (\$50/month)
	Occupation Operations Mgr. Standard Plants Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional) \$1,095.

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: 3 OF 5
FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (in Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. G. Lee 12 Wedgewood Drive Danbury, CT 06811	Praxair, Inc.	payroll deduction	\$150 (\$50/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Standard Plants	Aggregate Year-to-Date > \$ 300	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. R. Lutz 9775 Keystone Court Clarence, NY 14031	Praxair, Inc.	payroll deduction	\$135 (\$45/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Operations - NAIG	Aggregate Year-to-Date > \$ 270	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. Mattoo 20 Rolling Hill Road Ridgefield, CT 06877	Praxair, Inc.	payroll deduction	\$150 (\$50/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Strategic Planning	Aggregate Year-to-Date > \$ 300	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. K. Phillips 649 Goodrich Avenue St. Paul, MN 55105	Praxair Distribution, Inc.	payroll deduction	\$195 (\$65/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Central Group	Aggregate Year-to-Date > \$ 390	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. G. Tisch 49 Upper Shad Road Pound Ridge, NY 10576	Praxair, Inc.	payroll deduction	\$150 (\$50/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Counsel	Aggregate Year-to-Date > \$ 300	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. R. Vipond 92 Range Road Southport, CT 06490	Praxair, Inc.	payroll deduction	\$150 (\$50/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President & Controller	Aggregate Year-to-Date > \$ 300	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. F. Woestman 9 Jason Court Brookfield, CT 06804	Praxair, Inc.	payroll deduction	\$105 (\$35/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Marketing - NAIG	Aggregate Year-to-Date > \$ 210	

SUBTOTAL of Receipts This Page (optional)

\$1,035

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 2 OF 5
FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (In Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. H. Londry 5161 Bantry Court Indianapolis, IN 46254	Praxair Surface Technologies Occupation Vice President	payroll deduction	\$300 (\$100/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300		
B. Full Name, Mailing Address and ZIP Code L. N. Baker 60 Lyons Plains Road Westport, CT 06880	Praxair, Inc. Occupation Vice President Technology	4/8/98	\$500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500		
C. Full Name, Mailing Address and ZIP Code J. A. Clerico 3 Big Buck Lane Brookfield, CT 06804	Praxair, Inc. Occupation Vice President & Chief Financial Officer	5/30/98	\$1,200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,200		
D. Full Name, Mailing Address and ZIP Code T. A. Gagner 12 Hummingbird Court Orchard, Park, NY 14127	Praxair Distribution Inc. Occupation Director, Safety & Environmental Systems	4/8/98	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250		
E. Full Name, Mailing Address and ZIP Code W. E. Gittler 1111 Donna Drive Fort Washington, PA 19034	Praxair Distribution, Inc. Occupation Director of Marketing	4/3/98	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250		
F. Full Name, Mailing Address and ZIP Code J. P. Lake 527 Raintree Drive Glen Ellyn, IL 60137	Praxair Distribution, Inc. Occupation Director, Total Supply	4/5/98	\$300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300		
G. Full Name, Mailing Address and ZIP Code R. A. Matthes 3600 Southern Hills Drive Des Moines, IA 50321	Praxair Distribution Inc. Occupation Director, Acquisitions	5/18/98	\$1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000		

SUBTOTAL of Receipts This Page (optional)

\$3,800

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 5 OF 5
FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (in Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. S. Miterko 41 Carriage House Drive Danbury, CT 06810	Praxair, Inc.	4/7/98	\$200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sourcing Manager Merchant Products		
	Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code J. F. Pelton 1800 Blossom Court Yorktown Heights, NY 10598	Praxair, Inc.	4/19/98	\$1,500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Fellow		
	Aggregate Year-to-Date > \$ 1,500		
C. Full Name, Mailing Address and ZIP Code J. S. Pirretti 16 Sail Harbour Drive New Fairfield, CT 06812	Praxair, Inc.	5/6/98	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President General Industries NAIG		
	Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code D. W. Terry 3208 Treyburn Road Naperville, IL 60564	Praxair, Inc.	5/11/98	\$275
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Global CO ₂		
	Aggregate Year-to-Date > \$ 275		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$3,225

TOTAL This Period (last page this line number only)

\$11,254

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement campaign contrib. US House of Reps	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Calvert for Congress Committee 4451 Brookfield Corporate Drive Chantilly, VA 20150-1652	Ken Calvert - CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/98	\$500
B. Full Name, Mailing Address and ZIP Code Citizens for Gilman P. O. Box 3001 Middletown, NY 10940	Purpose of Disbursement campaign contrib US House of Reps Ben Gilman - NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	\$1,000
C. Full Name, Mailing Address and ZIP Code Friends of John Tanner 5501 Cherokee Avenue Suite 112 Alexandria, VA 22312	Purpose of Disbursement campaign contrib US House of Reps John Tanner - TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	\$1,000
D. Full Name, Mailing Address and ZIP Code Diaz-Balart for Congress Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Purpose of Disbursement campaign contrib. US House of Reps Lincoln Diaz-Balart - FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	\$500
E. Full Name, Mailing Address and ZIP Code Shadegg for Congress 3001 Park Center Drive, Suite 419 Alexandria, VA 22302	Purpose of Disbursement campaign contrib US House of Reps John Shadegg - AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	\$500
F. Full Name, Mailing Address and ZIP Code Condit for Congress 44 Canal Center Plaza, Suite 400 Alexandria, VA 22314	Purpose of Disbursement campaign contrib US House of Reps Gary Condit - CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	\$500
G. Full Name, Mailing Address and ZIP Code Ehrlich for Congress P. O. Box 932 Runt Valley, MD 21030	Purpose of Disbursement campaign contrib US House of Reps Sob Ehrlich - MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	\$500
H. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P. O. Box 395 Bakersfield, CA 93302	Purpose of Disbursement campaign contrib US House of Reps Bill Thomas - CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	\$1,000
I. Full Name, Mailing Address and ZIP Code Chabot for Congress 105 4th Street, Suite 311 Cincinnati, OH 45202	Purpose of Disbursement campaign contrib US House of Reps Steve Chabot - OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	\$500

SUBTOTAL of Disbursements This Page (optional)

\$6,000

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Karen McCarthy for Congress 1217 West 58th Street Kansas City, MO 64113	campaign contrib US House of Reps Karen McCarthy - MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/98	\$500
Danner for Congress P. O. Box 143 Smithville, MO 64089	campaign contrib US House of Reps Pat. Danner - MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/98	\$500
Pickering for Congress 811 Chetworth Place Alexandria, VA 22314	campaign contrib US House of Reps Chip Pickering - MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/98	\$500
Mark Nielsen for Congress 2 Stony Hill Road Bethel, CT 06801	campaign contrib US House of Reps Mark Nielsen - CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$1,000
Fitzgerald for Senate P. O. Box 369 Palatine, IL 60067	campaign contrib US Senate Peter Fitzgerald - IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/98	\$1,000
Bayley for Senate '98 10020 Main Street, Suite A15 Bellevue, WA 98004-9624	campaign contrib US Senate Chris Bayley - WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$1,000
Bob Stump Election Committee 4451 Brookfield Corporate Drive Chantilly, VA 20151-1652	campaign contrib US House of Reps Bob Stump - AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$500
Price for Congress 8205 West Main Street Belleville, IL 62223	campaign contrib US House of Reps Bill Price - IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$500
Friends of Ray LaHood 4451 Brookfield Corporate Drive Chantilly, VA 20151-1652	campaign contrib US House of Reps Ray LaHood - IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$500

SUBTOTAL of Disbursements This Page (optional)

\$6,000

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dennis Newinski for Congress P. O. Box 75165 St. Paul, MN 55175	campaign contrib US House of Reps Dennis Newinski - MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$500
B. Full Name, Mailing Address and ZIP Code Baker for Congress 46 Lincoln Hill, SW Quincy, IL 62301	campaign contrib US House of Reps Mark Baker - IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$500
C. Full Name, Mailing Address and ZIP Code Hollister for Congress P. O. Box 232 Chillicothe, OH 45601-0232	campaign contrib US House of Reps Nancy Hollister - OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$500
D. Full Name, Mailing Address and ZIP Code Reynolds for Congress P. O. Box 141 Williamsville, NY 14231	campaign contrib US House of Reps Tom Reynolds - NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$500
E. Full Name, Mailing Address and ZIP Code Committee to Elect Pat Toomey 1005 Union Blvd Allentown, PA 18103	campaign contrib US House of Reps Pat Toomey - PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/98	\$500
F. Full Name, Mailing Address and ZIP Code LaTourette for Congress 4451 Brookfield Corporate Drive Chantilly, VA 20151	campaign contrib US House of Reps Steve LaTourette - OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/98	\$500
G. Full Name, Mailing Address and ZIP Code Pete Sessions for Congress P. O. Box 140970 Dallas, TX 75214	campaign contribute US House of Reps Pete Sessions - TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/98	\$500
H. Full Name, Mailing Address and ZIP Code Duncan for Congress 6436 Scrivner Court Friendship, MD 20758	campaign contrib US House of Reps John Duncan - TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/98	\$500
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$4,000

TOTAL This Period (last page this line number only)

\$16,000

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Skehan for State Senate Committee P. O. Box 771 York, PA 17405	campaign contrib. PA State Senate Tom Skehan - 28th Dist Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/98	\$500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period


SUBTOTAL of Disbursements This Page (optional) \$ 500

TOTAL This Period (last page this line number only) \$ 500

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/15/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	7/18/98 DATE PREPARED