

FEDERAL ELECTION COMMISSION
COLL. 95510



JUL 23 9 51 AM '98

Margaret Anderson Treese
Attorney
Law Department

NCR Corporation
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July 15, 1998

Via Certified Mail

Federal Election Commission
999 "E" Street, N.W.
Washington, DC 20463

Re: NCR Corporation Citizenship Fund; FEC ID # C00324103

Dear Sir/Madam:

Enclosed is FEC Form 3X – NCR Corporation Citizenship Fund's Report of Receipts and Disbursements for June 1998. The NCR Corporation Citizenship Fund is simultaneously filing this report with the Ohio Secretary of State's Office.

Please return a file-stamped copy in the enclosed stamped, pre-addressed envelope. You may reach me at 937-445-2969 if you have any questions.

Sincerely,

Margaret Anderson Treese
Secretary, NCR Citizenship Fund

Enclosure

cc: L. Nyquist
P. Servidea (w/encl.)
R. Musick (w/encl.)

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 25 9 51 AM '98

1. NAME OF COMMITTEE (in full) NCR Corporation Citizenship Fund		2. PEC IDENTIFICATION NUMBER c00324103
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1299 Pennsylvania Ave., NW Suite 1300		
CITY, STATE and ZIP CODE Washington, DC 20004-2400		
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See PEC 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 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>06/01/98</u> through <u>06/30/98</u>			
6. (a) Cash on Hand January 1, 19 <u>98</u>			\$ 47,930.50
(b) Cash on Hand at Beginning of Reporting Period		\$ 57,966.50	
(c) Total Receipts (from line 19)		\$ 4,055.50	\$ 27,091.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 62,022.00	\$ 75,022.00
7. Total Disbursements (from Line 30)		\$ 5,000.00	\$ 18,000.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))		\$ 57,022.00	\$ 57,022.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	For further information: Federal Election Commission 999 P Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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 Phillip D. Servideo			Date
Signature of Treasurer 			7/14/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

NAME OF COMMITTEE NCR Corporation Citizenship Fund	REPORT COVERING PERIOD	
	FROM: 06/01/98	TO: 06/30/98
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
I. Itemized (Use Schedule A)	1,255.00	4,147.00
II. Unitemized	2,800.50	22,944.50
III. Total..... (add I and II) >	4,055.50	27,091.50
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions..... (add aii, b and c) >	4,055.50	27,091.50
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	0.00
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) >	4,055.50	27,091.50
20. Total Federal Receipts..... (subtract line 18 from line 19) >	4,055.50	27,091.50
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	0.00
c. Total Operating Expenditures..... (Add a i, a ii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	17,000.00
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	1,000.00	1,000.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,000.00	18,000.00
31. Total Federal Disbursements..... (Subtract line 21 all from line 30) >	5,000.00	18,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d)	4,055.50	27,091.50
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32)	4,055.50	27,091.50
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	0.00	0.00

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)
NCR Corporation Citizenship Fund

A. Full Name, Mailing Address and Zip Code MARK R HILTON 12150 OAK HOLLOW WAY ALPHARETTA, GA 30005-7279	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$20.00)
	Coach, Quality Assurance		
	Aggregate Year-to-date > \$	260.00	Biweekly)
B. Full Name, Mailing Address and Zip Code JOHN A KENNEL 1541 RUNNYMEDE ROAD DAYTON, OH 45419-2927	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$27.50)
	WPS Business Operations		
	Aggregate Year-to-date > \$	357.50	Biweekly)
C. Full Name, Mailing Address and Zip Code MICHAEL L JOHNSON 222 PLEASANT VIEW RD LEBANON, NJ 08833	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$20.00)
	Bus. Critical Support Sys		
	Aggregate Year-to-date > \$	260.00	Biweekly)
D. Full Name, Mailing Address and Zip Code KIMBERLY A BAKER 210 MASSBURY STREET GAITHERSBURG, MD 20878-5625	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$20.00)
	Managing Partner II - Ind		
	Aggregate Year-to-date > \$	260.00	Biweekly)
E. Full Name, Mailing Address and Zip Code PAUL M SAMSON 2930 DIXTON COURT DAYTON, OH 45458-9266	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$20.00)
	Senior Counsel		
	Aggregate Year-to-date > \$	260.00	Biweekly)
F. Full Name, Mailing Address and Zip Code WILLIAM D KASTNING 4 MOUNT DRIVE PERRINEVILLE, NJ 08535-1010	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	32.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$16.00)
	Pssp Product Program		
	Director		
	Aggregate Year-to-date > \$	208.00	Biweekly)
G. Full Name, Mailing Address and Zip Code ANTHONY FANO 2216 ASCOTT VALLEY TRACE DULUTH, GA 30097-5972	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	92.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$46.00)
	Officer		
	Aggregate Year-to-date > \$	598.00	Biweekly)

SUB TOTAL of Receipts This Page (Optional)	339.00
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 4
FOR LINE NUMBER 11 R 1

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NAME OF COMMITTEE (in full)
NCR Corporation Citizenship Fund

<p>A. Full Name, Mailing Address and Zip Code PHILIP D. SERVIDEA 9610 WHITECEDAR COURT VIENNA, VA 22181-5468</p>	<p>Name of Employer NCR Corporation Occupation Government Affairs</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 80.00 (\$40.00 Biweekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 520.00</p>		
<p>B. Full Name, Mailing Address and Zip Code WILLIAM J EISENMAN 5409 SPICE BUSH DAYTON, OH 45429-1967</p>	<p>Name of Employer NCR Corporation Occupation Officer</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 40.00 (\$20.00 Biweekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 260.00</p>		
<p>C. Full Name, Mailing Address and Zip Code ROBERT A DAVIS 110 ABERDEEN CIRCLE SPRINGBORO, OH 45066-9473</p>	<p>Name of Employer NCR Corporation Occupation Division/Area VP</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$30.00 Biweekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 390.00</p>		
<p>D. Full Name, Mailing Address and Zip Code FRANK HARRELL 109 STURBRIDGE LN COLUMBIA, SC 29212-8736</p>	<p>Name of Employer NCR Corporation Occupation Division/Area VP</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$30.00 Biweekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 390.00</p>		
<p>E. Full Name, Mailing Address and Zip Code JOHN L GIERING 6477 KINGS GRANT PASSAGE CENTERVILLE, OH 45459-2959</p>	<p>Name of Employer NCR Corporation Occupation Officer</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 92.00 (\$46.00 Biweekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 598.00</p>		
<p>F. Full Name, Mailing Address and Zip Code MITSUYA INOHARA 1911 ARBOR WALK DAYTON, OH 45459-3465</p>	<p>Name of Employer NCR Corporation Occupation CSG Japanese Marketing VP</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 40.00 (\$20.00 Biweekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 260.00</p>		
<p>G. Full Name, Mailing Address and Zip Code LOLA A SIGNOM 1350 CREIGHTON AVENUE DAYTON, OH 45420-1932</p>	<p>Name of Employer NCR Corporation Occupation Assoc Rel Diversity/Values VP</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 40.00 (\$20.00 Biweekly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 260.00</p>		

SUB TOTAL of Receipts This Page (Optional).....> 412.00

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
NCR Corporation Citizenship Fund

A. Full Name, Mailing Address and Zip Code MICHAEL A RUFFOLO 905 E SCHANTZ AVENUE DAYTON, OH 45419-3822	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	20.00
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$20.00)
	Divisions/Area	VP	
	Aggregate Year-to-date > \$	240.00	Biweekly)
B. Full Name, Mailing Address and Zip Code GARY J COTSHOTT 4840 WINDING CREEK TRAIL KETTERING, OH 45429-1975	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	60.00
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$30.00)
	Officer		
	Aggregate Year-to-date > \$	390.00	Biweekly)
C. Full Name, Mailing Address and Zip Code EARL C SHANKS 5110 GARDEN SPRING CT DAYTON, OH 45429-2070	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	40.00
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$20.00)
	Division/Area	VP	
	Aggregate Year-to-date > \$	260.00	Biweekly)
D. Full Name, Mailing Address and Zip Code JOHN R ACKERMANN 4353 NAPA VALLEY DRIVE BELLBROOK, OH 45305-1567	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	37.00
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$18.50)
	Gen At I		
	Aggregate Year-to-date > \$	240.50	Biweekly)
E. Full Name, Mailing Address and Zip Code WENDY T KIRBY 6 BRIDLE COURT POTOMAC, MD 20854-3887	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	40.00
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$20.00)
	Senior Counsel		
	Aggregate Year-to-date > \$	260.00	Biweekly)
F. Full Name, Mailing Address and Zip Code THOMAS A VOLPE 8056 PARKEAST COURT CENTERVILLE, OH 45458-2935	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	40.00
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$20.00)
	Services Business Area		
	Partner		
	Aggregate Year-to-date > \$	260.00	Biweekly)
G. Full Name, Mailing Address and Zip Code JONATHAN S HOAK 1700 S PATTERSON BLVD C/O NCR - LAW DEPT DAYTON, OH 45479-0001	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	NCR Corporation	Payroll	60.00
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$30.00)
	Officer		
	Aggregate Year-to-date > \$	390.00	Biweekly)

SUB TOTAL of Receipts This Page (Optional)	297.00
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)
NCR Corporation Citizenship Fund

A. Full Name, Mailing Address and Zip Code REID M WATTS 201 SPRING CREEK COURT LEXINGTON, SC 29072-7948		Name of Employer NCR Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Avp-Saa Solutions	Deduction	(\$30.00 Biweekly)
		Aggregate Year-to-date > 4 390.00		
B. Full Name, Mailing Address and Zip Code GARY R MOYER 3320 BEAUMONDE LANE KETTERING, OH 45409-1148		Name of Employer NCR Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VP, HR Perf & Remuneration Mgmt	Deduction	(\$27.50 Biweekly)
		Aggregate Year-to-date > 8 357.50		
C. Full Name, Mailing Address and Zip Code SERGIO A LOPEZ 3977 EVERETT ROAD URBANA, OH 43078-9157		Name of Employer NCR Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 46.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Dir, Cs Mgmt Sys Prog	Deduction	(\$23.00 Biweekly)
		Aggregate Year-to-date > 6 299.00		
D. Full Name, Mailing Address and Zip Code ROBERT A ARMSTRONG 3710 LOTUS DR SAN DIEGO, CA 92106-1139		Name of Employer NCR Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 46.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation S/W Eng Level VII	Deduction	(\$23.00 Biweekly)
		Aggregate Year-to-date > 6 299.00		
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 > 6	
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 > 6	
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 > 6	

SUB TOTAL of Receipts This Page (Optional).....>	207.00
TOTAL this Period (Last page this line number only).....>	1,255.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
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NAME OF COMMITTEE (in Full)
NCR Corporation Citizenship Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
FRIENDS OF CONNIE MORELLA FOR CONGRESS 2228 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515	Assistance A. Morella, U.S. HOUSE 8th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/01/98	500.00
Abraham Senate 2000 26600 Telegraph Rd. Suite 410 Southfield, MI 48034	Spencer Abraham, U.S. SENATE MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	06/03/98	1,000.00
TOM DAVIS FOR CONGRESS 3304 JUNIPER WAY FALLS CHURCH, VA 22044	Thomas M. Davis, U.S. HOUSE 11th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/08/98	1,000.00
CITIZENS FOR KASICH 63 NORTH WEST STREET WESTERVILLE, OH 43081	John R. Kasich, U.S. HOUSE 12th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/15/98	500.00
McCain for Senate '98 507 Capitol Court NE Suite 100 Washington, DC 20002	John McCain, U.S. SENATE AZ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/15/98	1,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional)..... > 4,000.00

TOTAL this Period (Last page this line number only)..... > 4,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
NCR Corporation Citizenship Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Governor Bush Committee 504 Lavaca Site 1010 Austin, TX 78701	George Bush, GOVERNOR TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/01/98	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Committee to Re-Elect Rhine McLin 1136 Germantown Street Dayton, OH 45408	Rhine McLin, STATE SENATE OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/25/98	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUB TOTAL of Disbursements this page (Optional)..... > 1,000.00

TOTAL this Period (Last page this line number only)..... > 1,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-17-98
<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	
Jim W PREPARER	7-25-98 DATE PREPARED