

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM



Margaret Anderson Trease
Senior Attorney
Law Department

MAY 21 11 14 AM '99

NCR Corporation
101 West Schantz Ave., ECD-2
Dayton, Ohio 45479-0001
Telephone: 937 445-2969
Facsimile: 937 445-0801
email: Molly.Trease@DaytonOH.NCR.COM

May 17, 1999

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 April 1999. 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,

A handwritten signature in cursive script that reads "Margaret A. Trease".

Margaret Anderson Trease
Secretary, NCR Citizenship Fund

Enclosure

cc: J. Hoak
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 MAIL ROOM

May 21 11 24 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) NCR Corporation Citizenship Fund	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1289 Pennsylvania Ave., NW Suite 1300	
CITY, STATE and ZIP CODE Washington, DC 20004-2400	2. FEC IDENTIFICATION NUMBER C00324103
	3. <input checked="" type="checkbox"/> 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:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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, 19 <u>99</u>		\$ 50,896.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 54,932.00	
(c) Total Receipts (from Line 10)	\$ 3,824.00	\$ 16,860.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 58,756.00	\$ 67,756.00
7. Total Disbursements (from Line 80)	\$ 7,500.00	\$ 16,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 51,256.00	\$ 51,256.00
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 20488 Toll Free 800-424-9530 Local 202-219-8430
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
Philip D. Serphos

Signature of Treasurer

Date

5/12/99

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

FEC FORM 3X
(revised 9/98)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
NCR Corporation Citizenship Fund		FROM	TO:	
		04/01/89	04/30/89	
		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)	854.00	2,578.00	11(a)(i)
ii.	Unitemized	3,170.00	14,282.00	11(a)(ii)
iii.	Total (add i and ii) >	3,824.00	16,860.00	11(a)(iii)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions (add a iii, b and c) >	3,824.00	16,860.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,824.00	16,860.00	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	3,824.00	16,860.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(i)
ii.	Non-Federal Share	0.00	0.00	21(a)(ii)
b.	Other Federal Operating Expenditures	0.00	0.00	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	7,500.00	16,500.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	0.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,500.00	16,500.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	7,500.00	16,500.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	3,824.00	16,860.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	3,824.00	16,860.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
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)
NCR Corporation Citizenship Fund

A. Full Name, Mailing Address and ZIP Code JOHN A KENNEL 1541 RUNNYMEDE ROAD DAYTON, OH 45416-2627	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation WPS Business Operations VP	Payroll Deduction	56.00 (\$27.50)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 220.00	Biweekly)	
B. Full Name, Mailing Address and ZIP Code DAVID BEARMAN 1700 S PATTERSON BLVD DAYTON, OH 45476-0001	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Officer	Payroll Deduction	80.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 320.00	Biweekly)	
C. Full Name, Mailing Address and ZIP Code ANTHONY FANO 2216 ASCOTT VALLEY TRACE DULUTH, GA 30087-5972	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Officer	Payroll Deduction	92.00 (\$46.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 360.00	Biweekly)	
D. Full Name, Mailing Address and ZIP Code PHILIP D. SERVIDEA 9810 WHITECEDAR COURT VIENNA, VA 22181-5488	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Government Affairs	Payroll Deduction	80.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 320.00	Biweekly)	
E. Full Name, Mailing Address and ZIP Code ROBERT A DAVIS 110 ABERDEEN CIRCLE SPRINGBORO, OH 45088-9473	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Division/Area VP	Payroll Deduction	60.00 (\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00	Biweekly)	
F. Full Name, Mailing Address and ZIP Code JOHN L GIERING 8477 KINGS GRANT PASSAGE CENTERVILLE, OH 45459-2969	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Officer	Payroll Deduction	92.00 (\$46.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 360.00	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 NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Officer	Payroll Deduction	80.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00	Biweekly)	

SUBTOTAL of Receipts This Page (optional) 538.00

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 **2**
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)
NCR Corporation Citizenship Fund

<p>A. Full Name, Mailing Address and ZIP Code REID M WATTS 201 SPRING CREEK COURT LEXINGTON, SC 29072-7948</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NCR Corp.</p> <p>Occupation Res & Adv Tech VP</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt This Period 60.00</p> <p>(\$30.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code GARY R MOYER 3320 BEAUMONDE LANE KETTERING, OH 45409-1148</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NCR Corp.</p> <p>Occupation VP, HR Perf & Remuneration Mgmt</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt This Period 55.00</p> <p>(\$27.50 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>115.00</p>
<p>TOTAL This Period (last page this line number only)</p>			<p>554.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boucher for Congress P.O. Box 2000 Abingdon, VA 24210	Rick Boucher, U.S. HOUSE 16th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/13/99	600.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF BOEHLERT COMMITTEE 20 STONE BRIDGE NEW HARTFORD, NY 13413	Purpose of Disbursement Sherwood Boehlert, U.S. HOUSE 23rd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/13/99	1,000.00
C. Full Name, Mailing Address and ZIP Code THOMAS J BILLEY FOR CONGRESS COMMITTEE 408 HENRI ROAD RICHMOND, VA 23226	Purpose of Disbursement Tom Billey, U.S. HOUSE 7th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/13/99	1,000.00
D. Full Name, Mailing Address and ZIP Code DeWine for US Senate PO Box 340189 Columbus, OH 43234	Purpose of Disbursement Mike DeWine, U.S. SENATE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/20/99	1,000.00
E. Full Name, Mailing Address and ZIP Code NEW REPUBLICAN MAJORITY FUND 1301 Pa. Ave., N.W. Suite 500 Washington, DC 20004	Purpose of Disbursement Senator Lott's leadership pac Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/22/99	3,000.00
F. Full Name, Mailing Address and ZIP Code Draier For Congress Committee P O Box 1110 Covina, CA 91722	Purpose of Disbursement David Draier, U.S. HOUSE 28th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/22/99	1,000.00
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)

7,500.00

TOTAL This Period (last page this line number only)

7,500.00

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 5-17-99
<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>	 5-21-99
PREPARER	DATE PREPARED