

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) MGM GRAND, INC. PAC	JUN 21 11 22 AM '99 2. FEC IDENTIFICATION NUMBER C00299321
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 520 S. GRAND AVE., SUITE 700	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M)
CITY, STATE and ZIP CODE LOS ANGELES, CA 90071	

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 checked="" 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 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>05/01/99</u> through <u>05/31/99</u>		
6. (a) Cash on Hand January 1, 1999		7,674.53
(b) Cash on Hand at Beginning of Reporting Period	15,226.58	
(c) Total Receipts (from Line 19)	8,483.46	20,035.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23,710.04	27,710.04
7. Total Disbursements (from Line 30)	2,323.75	6,323.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21,386.29	21,386.29
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 202-376-3120
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 DANA V. REED	Date 6/18/99
Signature of Treasurer 	

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 MGM GRAND, INC. PAC		REPORT COVERING PERIOD	
		FROM: 05/01/99	TO: 05/31/99
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,629.26	14,300.26	11(a)(i)
ii. Unitemized	854.20	5,734.75	11(a)(ii)
iii. Total	8,483.46	20,035.01	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	8,483.46	20,035.01	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	0.50	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)	8,483.46	20,035.51	19
20. Total Federal Receipts (subtract line 18 from line 19)	8,483.46	20,035.51	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 Party Committees	2,323.75	6,323.75	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)	2,323.75	6,323.75	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	2,323.75	6,323.75	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	8,483.46	20,035.01	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	8,483.46	20,035.01	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

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (02/01/99 - 05/31/99)

PAGE 1 OF 5
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)

MGM GRAND, INC. PAC C00299321

<p>A. Full Name, Mailing Address and ZIP Code AKIRA ARITA P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation EXECUTIVE DIRECTOR</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date(month, day, year) 05/07/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>B. Full Name, Mailing Address and ZIP Code JOHN T. ASSALONE P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation DIRECTOR</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 30.00 (\$15 Semi-monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code DAVID AUSTIN P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation EXECUTIVE DIRECTOR</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$30 Semi-monthly)</p>
<p>D. Full Name, Mailing Address and ZIP Code JACQUELINE BAILEY P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DESTRON MARKETING</p> <p>Occupation ASST. VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 297.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 54.00 (\$27 Semi-monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code GEORGE A. BOYER III P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DESTRON MARKETING</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 440.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 80.00 (\$40 Semi-monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code JOSEPH BRUNIMI 201 CENTRAL AVENUE LANDISVILLE, NJ 08326</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND, INC.</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 05/07/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code FRITZ BRUNNER P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation ASST. VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 275.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$25 Semi-monthly)</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>1,574.00</p>
<p>TOTAL This Period (last page this line number only)</p>			

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (OMB No. 1545-0047)

PAGE 2 OF 5
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

MGM GRAND, INC. PAC C00299321

A. Full Name, Mailing Address and ZIP Code DAVID COX P.O. BOX 77711 LAS VEGAS, NV 89177	Name of Employer MGM GRAND HOTEL, INC.	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$25 Semi-monthly)
	Occupation VICE CHAIRMAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 275.00		
B. Full Name, Mailing Address and ZIP Code ALIDA DELPONTE P.O. BOX 77711 LAS VEGAS, NV 89177	Name of Employer MGM GRAND, INC.	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$25 Semi-monthly)
	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 275.00		
C. Full Name, Mailing Address and ZIP Code RICHARD FAIRCLOTH P.O. BOX 77711 LAS VEGAS, NV 89177	Name of Employer MGM GRAND HOTEL, INC.	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 (\$25 Semi-monthly)
	Occupation VICE-PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 275.00		
D. Full Name, Mailing Address and ZIP Code JOSE M. FERNANDEZ P.O. BOX 77711 LAS VEGAS, NV 89177	Name of Employer DESTRON MARKETING	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 40.00 (\$20 Semi-monthly)
	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 230.00		
E. Full Name, Mailing Address and ZIP Code WILLIAM E. HALL III P.O. BOX 77711 LAS VEGAS, NV 89177	Name of Employer MGM GRAND HOTEL, INC.	Date(month, day, year) 05/07/99	Amount of Each Receipt this Period 300.00
	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code WILLIAM HORNBuckle P.O. BOX 77711 LAS VEGAS, NV 89177	Name of Employer MGM GRAND HOTEL, INC.	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 200.00 (\$100 Semi-monthly)
	Occupation PRESIDENT		
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 ED JENKINS P.O. BOX 98655 LAS VEGAS, NV 89193-8655	Name of Employer MGM GRAND, INC.	Date(month, day, year) 05/15/99 05/28/99	Amount of Each Receipt this Period 25.00 25.00
	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

740.00

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 (05/01/89 - 05/31/99)

PAGE 3 OF 5
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

MGM GRAND, INC. PAC C00299321

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J. TERENCE LANNI P.O. BOX 98655 LAS VEGAS, NV 89193-8655	MGM GRAND, INC.	05/15/99 05/28/99	150.00 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation CHAIRMAN & CEO	Aggregate Year-to-Date > \$ 1,500.00	
B. Full Name, Mailing Address and ZIP Code JESS A. LENZ 2540 YOUNGDALE DR. LAS VEGAS, NV 89134	DESTRON MARKETING	05/07/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VICE PRESIDENT	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code QUANG B. LEW 9 CROWN VALLEY DR. HENDERSON, NV 89014	MGM GRAND MARKETING	payroll deduction	105.26 (\$53 Semi-monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation SR. VICE PRESIDENT	Aggregate Year-to-Date > \$ 210.52	
D. Full Name, Mailing Address and ZIP Code THOMAS J. MCCARTNEY 1605 WINDSFORD CIRC. LAS VEGAS, NV 89117	NEW YORK NEW YORK	05/07/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code ROBERT MOON P.O. BOX 77711 LAS VEGAS, NV 89177	DESTRON MARKETING	payroll deduction	200.00 (\$100 Semi-monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code CYNTHIA K. MURPHY 3695 CALICO BROOK COURT LAS VEGAS, NV 89117	MGM GRAND HOTEL	05/07/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation SR. VICE PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code JAMES MURREN P.O. BOX 98655 LAS VEGAS, NV 89193-8655	MGM GRAND, INC.	05/15/99 05/28/99	45.00 45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation CFO	Aggregate Year-to-Date > \$ 450.00	
SUBTOTAL of Receipts This Page (optional)			2,995.26
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 (05/01/82 - 02/31/88)

PAGE 4 OF 5
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

MGM GRAND, INC. PAC C00299321

<p>A. Full Name, Mailing Address and ZIP Code THOMAS PETERMAN P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation SR. VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 275.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$25 Semi-monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code MARK PROWS P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation ASST. VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$30 Semi-monthly)</p>
<p>C. Full Name, Mailing Address and ZIP Code COREY J. SANDERS P.O. BOX 98655 LAS VEGAS, NV 89193-8655</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation SENIOR VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 05/07/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code WILLIAM SEARS P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation ASST. VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 275.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$25 Semi-monthly)</p>
<p>E. Full Name, Mailing Address and ZIP Code JORGE TISE P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer DESTRON MARKETING</p> <p>Occupation VICE-PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 100.00 (\$50 Semi-monthly)</p>
<p>F. Full Name, Mailing Address and ZIP Code TERI L. TRATOS 7999 CADENZA LANE LAS VEGAS, NV 89123</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND, INC.</p> <p>Occupation DIRECTOR</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date(month, day, year) 05/07/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>G. Full Name, Mailing Address and ZIP Code DONALD P. WELSH P.O. BOX 77711 LAS VEGAS, NV 89117</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 525.00</p>	<p>Date(month, day, year) 05/07/99 payroll deduction</p>	<p>Amount of Each Receipt this Period 250.00 50.00 (\$25 Semi-monthly)</p>

SUBTOTAL of Receipts This Page (optional)

1,860.00

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 (03/07/99-09/31/99)

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

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NAME OF COMMITTEE (in Full)

MGM GRAND, INC. PAC C00289321

<p>A. Full Name, Mailing Address and ZIP Code MARK WHITMORE P.O. BOX 77711 LAS VEGAS, NV 89177</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MGM GRAND HOTEL, INC.</p> <p>Occupation VICE-PRESIDENT</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date(month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$30 Semi-monthly)</p>
<p>B. Full Name, Mailing Address and ZIP Code M. DOUGLAS WYRSCH 2003 CEDARCREST CT. LAS VEGAS, NV 89134-6209</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NEW YORK NEW YORK</p> <p>Occupation DIRECTOR</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date(month, day, year) 05/07/99</p>	<p>Amount of Each Receipt this Period 400.00</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>460.00</p>
<p>TOTAL This Period (last page this line number only)</p>			<p>7,629.26</p>

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 (06/01/98 - 05/31/99)

PAGE 1 OF 1
 FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

MGM GRAND, INC. PAC C00299321

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period (in-kind)
MGM GRAND HOTEL, INC. 3799 LAS VEGAS BLVD., SO. LAS VEGAS, NV 89109	FUNDRAISER JOHN MCCAIN PRESIDENT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/20/99	323.75
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
WHITMAN FOR US SENATE P.O. BOX 650 TRENTON, NJ 08604	CHRISTINE TODD WHITMAN SENATE - NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/26/99	2,000.00
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)

2,323.75

TOTAL This Period (last page this line number only)

2,323.75

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
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