

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM



Margaret Anderson Treese
Senior Attorney
Law Department

AUG 8 9 30 AM '99

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

August 4, 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 July 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. Treese".

Margaret Anderson Treese
Secretary, NCR Citizenship Fund

Enclosure

cc: I. 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

AUG 8 9 30 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) NCR Corporation Citizenship Fund		2. FEC IDENTIFICATION NUMBER C-00324103
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1919 Pennsylvania Ave., NW Suite 630		
CITY, STATE and ZIP CODE Washington, DC 20006		
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:

- 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	07/01/99 through 07/31/99		
6. (a) Cash on Hand January 1, 19 99			\$ 50,896.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 52,063.50	
(c) Total Receipts (from Line 19)		\$ 5,804.00	\$ 30,921.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 58,867.50	\$ 81,817.50
7. Total Disbursements (from Line 30)		\$ 2,500.00	\$ 25,150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 56,367.50	\$ 56,667.50
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY 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 800-424-6680
Local 202-219-3420

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

Signature of Treasurer

Date

7-30-99

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE NCR Corporation Citizenship Fund	REPORT COVERING PERIOD		
	FROM 07/01/99	TO 07/31/99	
	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)	2,082.50	6,407.00	11(a)(i)
ii. Unitemized	4,541.50	24,514.50	11(a)(ii)
iii. Total (add i and ii) >	6,604.00	30,921.50	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) >	6,604.00	30,921.50	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) >	6,604.00	30,921.50	19
20. Total Federal Receipts (subtract line 18 from line 19) >	6,604.00	30,921.50	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	2,800.00	24,660.00	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	600.00	600.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,800.00	25,160.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,800.00	25,160.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,604.00	30,921.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,604.00	30,921.50	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 **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)
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 NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation R&G Quality VP	Payroll Deduction	60.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00	Biweekly	
B. Full Name, Mailing Address and ZIP Code DAVID BEARMAN 1700 S PATTERSON BLVD DAYTON, OH 45479-0001	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Officer	Payroll Deduction	120.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00	Biweekly	
C. Full Name, Mailing Address and ZIP Code WILLIAM A. GENDRON 3291 SHELLERS BEND APT 740 STATE COLLEGE, PA 16801	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation PS VP Worldwide Program Mgmt	Payroll Deduction	45.00 (\$15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00	Biweekly	
D. Full Name, Mailing Address and ZIP Code PAUL M SAMSON 2830 DUTTON COURT DAYTON, OH 45458-9266	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior Attorney	Payroll Deduction	60.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00	Biweekly	
E. Full Name, Mailing Address and ZIP Code TIMOTHY J STAUDENMAIER 460 SHORE DRIVE SUWANEE, GA 30024-2907	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior WFO Director	Payroll Deduction	45.00 (\$15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00	Biweekly	
F. Full Name, Mailing Address and ZIP Code WILLIAM D KASTNING 4 MOUNT DRIVE PERRINEVILLE, NJ 08535-1010	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Psap Product Program Director	Payroll Deduction	48.00 (\$16.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00	Biweekly	
G. Full Name, Mailing Address and ZIP Code ANTHONY FANO 2216 ASCOTT VALLEY TRACE DULUTH, GA 30097-5972	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Officer	Payroll Deduction	138.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 590.00	Biweekly	

SUBTOTAL of Receipts This Page (optional)

\$16.00

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 5
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
NCR Corporation Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP D. SERVIDEA 8610 WHITECEDAR COURT VIENNA, VA 22181-5468 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation: Government Affairs		
		Payroll	120.00
		Deduction	(\$40.00)
	Aggregate Year-to-Date > \$ 500.00		Biweekly
WILLIAM J EISENMAN 1201 SESSIONS DRIVE CENTERVILLE, OH 45459 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation: Officer		
		Payroll	60.00
		Deduction	(\$20.00)
	Aggregate Year-to-Date > \$ 300.00		Biweekly
ROBERT A DAVIS 110 ABERDEEN CIRCLE SPRINGBORO, OH 45066-8473 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation: Division/Area VP		
		Payroll	90.00
		Deduction	(\$30.00)
	Aggregate Year-to-Date > \$ 450.00		Biweekly
JOHN L GIERING 6477 KINGS GRANT PASSAGE CENTERVILLE, OH 45469-2989 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation: Consultant		
		Payroll	138.00
		Deduction	(\$46.00)
	Aggregate Year-to-Date > \$ 690.00		Biweekly
MITSUYA IMOHARA 1700 S PATTERSON BLVD C/O EXPATRIATE PROGRAMS DAYTON, OH 45479 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation: CSG Japanese Marketing VP		
		Payroll	90.00
		Deduction	(\$20.00)
	Aggregate Year-to-Date > \$ 300.00		Biweekly
RONALD I HOLLEY 5428 ASPEN ROAD COLUMBUS, OH 43229-3602 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation: Managing Partner Geof/Intl (D)		
		Payroll	45.00
		Deduction	(\$15.00)
	Aggregate Year-to-Date > \$ 225.00		Biweekly
LOLA A SIGNOM 1350 CREIGHTON AVENUE DAYTON, OH 45420-1932 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation: Assoc Rel Diversity/Values VP		
		Payroll	60.00
		Deduction	(\$20.00)
	Aggregate Year-to-Date > \$ 300.00		Biweekly

SUBTOTAL of Receipts This Page (optional) 573.00

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 3 OF 5
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
NCR Corporation Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEITH A TAYLOR 1700 S PATTERSON BLVD C/O EXPATRIATE PROGRAMS DAYTON, OH 45479-0001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp		
	Occupation Us Loaned Expatriate	Payroll	60.00
	Aggregate Year-to-Date > \$ 240.00	Deduction	(\$20.00)
Biweekly			
KIM A HORNE 215 LOOKOUT DRIVE DAYTON, OH 45419-3813 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation CFO, Global Human Resources	Payroll	60.00
	Aggregate Year-to-Date > \$ 240.00	Deduction	(\$20.00)
Biweekly			
EARL C SHANKS 5110 GARDEN SPRING CT DAYTON, OH 45429-2070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation Division/Area VP	Payroll	60.00
	Aggregate Year-to-Date > \$ 300.00	Deduction	(\$20.00)
Biweekly			
BRENDAN P HICKMAN 705 CALLE BRISA SAN CLEMENTE, CA 92673-3032 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation Partner III Post-Sale Geo/Natl	Payroll	45.00
	Aggregate Year-to-Date > \$ 226.00	Deduction	(\$15.00)
Biweekly			
STEPHAN H KETCHAM 402D STANDISH KALAMAZOO, MI 49008-3126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation Sr Cons Post-Sale Geo	Payroll	45.00
	Aggregate Year-to-Date > \$ 225.00	Deduction	(\$15.00)
Biweekly			
GERALD E BEHN 10151 MALLET DRIVE DAYTON, OH 45458-9341 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation Avp-Corp Real Estate	Payroll	45.00
	Aggregate Year-to-Date > \$ 225.00	Deduction	(\$15.00)
Biweekly			
RUTH A FORNELL 33 WEST PEACH ORCHARD ROAD DAYTON, OH 45419-2662 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	NCR Corp.		
	Occupation Executive Assistant	Payroll	46.00
	Aggregate Year-to-Date > \$ 225.00	Deduction	(\$15.00)
Biweekly			

SUBTOTAL of Receipts This Page (optional) 360.00

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 4 OF 5
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
NCR Corporation Citizenship Fund

A. Full Name, Mailing Address and ZIP Code JOHN R ACKERMANN 4353 NAPA VALLEY DRIVE BELLBROOK, OH 45305-1567 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Law Vice President	Payroll Deduction	55.50 (\$18.50)
Aggregate Year-to-Date > \$ 277.50			Biweekly)
B. Full Name, Mailing Address and ZIP Code WENDY T KIRBY 6 BRIDLE COURT POTOMAC, MD 20854-3887 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Asst Law Vice President	Payroll Deduction	60.00 (\$20.00)
Aggregate Year-to-Date > \$ 300.00			Biweekly)
C. Full Name, Mailing Address and ZIP Code HARVEY D LANGSTON 3 MONTIQUE COURT SAN ANTONIO, TX 78257-1643 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Channel Sales Director 3	Payroll Deduction	45.00 (\$15.00)
Aggregate Year-to-Date > \$ 225.00			Biweekly)
D. Full Name, Mailing Address and ZIP Code THOMAS A VOLPE 8056 PARKEAST COURT CENTERVILLE, OH 45458-2835 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP, PS Solutions & Sales	Payroll Deduction	60.00 (\$20.00)
Aggregate Year-to-Date > \$ 300.00			Biweekly)
E. Full Name, Mailing Address and ZIP Code JONATHAN S HOAK 1700 S PATTERSON BLVD C/O NCR - LAW DEPT DAYTON, OH 45478-0001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Officer	Payroll Deduction	120.00 (\$40.00)
Aggregate Year-to-Date > \$ 580.00			Biweekly)
F. Full Name, Mailing Address and ZIP Code REID M WATTS 201 SPRING CREEK COURT LEXINGTON, SC 29072-7948 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Res & Adv Tech VP	Payroll Deduction	90.00 (\$30.00)
Aggregate Year-to-Date > \$ 450.00			Biweekly)
G. Full Name, Mailing Address and ZIP Code ELSIE L YIP 2845 MIRA MONTANA PLACE DEL MAR, CA 92014-3456 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Global Realization Team Leader	Payroll Deduction	45.00 (\$15.00)
Aggregate Year-to-Date > \$ 225.00			Biweekly)

SUBTOTAL of Receipts This Page (optional) 475.50

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 i**

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NAME OF COMMITTEE (In Full)
NCR Corporate Citizenship Fund

A. Full Name, Mailing Address and ZIP Code SERGIO A LOPEZ 3977 EVERETT ROAD URBANA, OH 43078-9157	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Dir, Cs Mgmt Sys Prog	Payroll Deduction	89.00 (\$23.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 345.00		Biweekly
B. Full Name, Mailing Address and ZIP Code ROBERT A ARMSTRONG 3710 LOTUS DR SAN DIEGO, CA 92106-1139	Name of Employer NCR Corp.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sr Cons Post-Sale Geo	Payroll Deduction	69.00 (\$23.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 345.00		Biweekly
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) **138.00**

TOTAL This Period (last page this line number only) **2,062.50**

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)

MCR Corporation Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Driver's leadership PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year)	Amount of Each Disbursement This Period
American Success PAC %Williams and Jensen 1155 21st Street, NW Washington, DC 20036	Driver's leadership PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/19/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Alaskans for Don Young P.O. Box 100296 Anchorage, AL 99510	Purpose of Disbursement Don Young, U.S. HOUSE AL AK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/19/99	1,000.00
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)

2,000.00

TOTAL This Period (last page this line number only)

2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

HCR Corporation Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wisconsin Republican Assembly Campaign Committee % DeWitt Ross and Stevens 2 East Main Street, Suite 800 Madison, WI 53717	STATE ASSEMBLY WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/13/99	500.00
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)

500.00

TOTAL This Period (last page this line number only)

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.

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Received from the Senate Office of Public Records Date of Receipt

Other (Specify): Postmarked

and/or Date of Receipt

Electronic Filing

JL
PREPARER

8-8-99
DATE PREPARED