

PRAXAIR PAC

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

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 5 1 32 1998
October 1, 1998

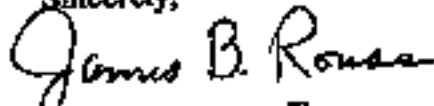
Federal Election Commission
999 E Street NW
Washington, DC 20463

RE: October 15 Quarterly Report Submission
(7/01/98 thru 9/30/98)
Praxair, Inc. Political Action Committee
(ID No. C00283440)

Ladies & Gentlemen:

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

Sincerely,


James B. Rouse, Treasurer

cc: D. H. Chaifetz
T. D. Finnigan
L. Alphonso

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 5 1 31 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

000283440 081898 F 209
 JAMES B ROUSE
 PRAXAIR INC POLITICAL ACTION C
 COMMITTEE
 39 OLD RIDGEBURY ROAD
 PO BOX 2938
 DANBURY CT 06813

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

4. TYPE OF REPORT

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

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

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/01/98 through 9/30/98		
6. (a)	Cash on Hand January 1, 1998		\$ 34,026.13
(b)	Cash on Hand at Beginning of Reporting Period	\$ 25,467.14	
(c)	Total Receipts (from Line 19)	\$ 9,389.00	\$ 35,330.01
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 34,856.14	\$ 69,356.14
7.	Total Disbursements (from Line 30)	\$ 26,731.12	\$ 61,231.12
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,125.02	\$ 8,125.02
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	For further information contact: Federal Election Commission 996 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
 James B. Rouse
 Signature of Treasurer: *James B. Rouse* Date: October 1, 1998

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

FEC FORM 3X
(revised 9/83)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Praxair, Inc. Political Action Committee		FROM 7/1/98	TO 9/30/98
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$7,383.00	\$21,508.00	11(a)(i)
ii. Unitemized	2,006.00	13,822.01	11(a)(ii)
iii. Total	9,389.00	35,330.01	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions	9,389.00	35,330.01	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	9,389.00	35,330.01	19
20. Total Federal Receipts	9,389.00	35,330.01	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures			21(c)
22. Transfers to Affiliated/Other Party Committees	4,400.00	4,500.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	20,000.00	54,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees	300.00	300.00	28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds	300.00	300.00	28(d)
29. Other Disbursements	1,931.12	1,931.12	29
30. Total Disbursements	26,731.12	61,731.12	30
31. Total Federal Disbursements	26,731.12	61,231.12	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9,389.00	35,330.01	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,389.00	35,330.01	34
35. Total Federal Operating Expenditures			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11.a.1

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
H. W. Lichtenberger 55 Twin Ridge Ridgefield, CT 06877	Praxair, Inc.	payroll deduction	\$750 (\$250/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 2,250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edgar G. Hotard 119 Carole Street Danbury, CT 06810	Praxair, Inc.	payroll deduction	\$300 (\$100/month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & COO	Aggregate Year-to-Date > \$ 900	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
S. M. Seymour 83 Lone Tree Farm New Canaan, CT 06840	Praxair, Inc.	payroll deduction	\$753 (\$251 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Taxes	Aggregate Year-to-Date > \$ 1,923	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William M. Therrien 9145 Thompsonwood Road Clarence Center, NY 14032	Praxair, Inc.	payroll deduction	\$450 (\$150 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Engineering	Aggregate Year-to-Date > \$ 1,275	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph S. Cappello Tremont Lane Brookfield, CT 06804	Praxair, Inc.	payroll deduction	\$255 (\$85 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Investor Relations	Aggregate Year-to-Date > \$ 765	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
F. L. Ridding 11349 Clarkston Road Zionsville, IN 46077	Praxair Surface Technologies	payroll deduction	\$225 (\$75 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager Operations	Aggregate Year-to-Date > \$ 675	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
T. W. von Krannichfeldt 12552 Walnut Ridge Place Fishers, IN 46038	Praxair Surface Technologies	payroll deduction	\$450 (\$150 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 1,140	

SUBTOTAL of Receipts This Page (optional)

\$3,183

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
FOR LINE NUMBER 11, a, 1

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NAME OF COMMITTEE (In Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James B. Rouse 6 North Valley Road Ridgefield, CT 06877	Praxair, Inc.	payroll deduction	\$225 (\$75 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assoc. Director Energy Policy	Aggregate Year-to-Date > \$ 675	
S. K. Fanning 12C Spruce Mountain Road Danbury, CT 06810	Praxair, Inc.	payroll deduction	\$150 (\$50 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Compensation	Aggregate Year-to-Date > \$ 450	
T. D. Finnigan 9501 Mt Vernon Landing Alexandria, VA 22309-3222	Praxair, Inc.	payroll deduction	\$150 (\$50 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Government Relations	Aggregate Year-to-Date > \$ 450	
R. J. Grader 120 Northington Drive East Amherst, NY 14051	Praxair, Inc.	payroll deduction	\$105 (\$35 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager	Aggregate Year-to-Date > \$ 315	
J. M. Hughes 323 Wellingwood East Amherst, NY 14051	Praxair, Inc.	payroll deduction	\$225 (\$75 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager National Logistics	Aggregate Year-to-Date > \$ 630	
L. G. Kastriner 4 Birchwood Lane Westport, CT 06880	Praxair, Inc.	payroll deduction	\$90 (\$30 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Patent Counsel	Aggregate Year-to-Date > \$ 305.01	
R. P. Kenny 57 Morningside Lane Williamsville, NY 14221	Praxair, Inc.	payroll deduction	\$150 (\$50 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Operations Mgr. Standard Plants	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$1,095

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11, a. 1.

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NAME OF COMMITTEE (in Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. G. Lee 12 Wedgewood Drive Danbury, CT 06811	Praxair, Inc.	payroll deduction	\$150 (\$50 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Standard Plants	Aggregate Year-to-Date > \$ 450	
M. R. Lutz 9775 Keystone Court Clarence, NY 14031	Praxair, Inc.	payroll deduction	\$135 (\$45 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Operations - NAIG	Aggregate Year-to-Date > \$ 405	
E. Mattoo 20 Rolling Hill Road Ridgefield, CT 06877	Praxair, Inc.	payroll deduction	\$150 (\$50 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Strategic Planning	Aggregate Year-to-Date > \$ 450	
G. K. Phillips 649 Goodrich Avenue St. Paul, MN 55105	Praxair Distribution, Inc.	payroll deduction	\$165 (\$50 per month) revised from \$65
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Central Group	Aggregate Year-to-Date > \$ 555	
R. G. Tisch 49 Upper Shad Road Pound Ridge, NY 10576	Praxair, Inc.	payroll deduction	\$150 (\$50 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Counsel	Aggregate Year-to-Date > \$ 450	
J. R. Vipond 92 Range Road Southport, CT 06490	Praxair, Inc.	payroll deduction	\$150 (\$50 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President & Controller	Aggregate Year-to-Date > \$ 450	
R. F. Westman 9 Jason Court Brookfield, CT 06804	Praxair, Inc.	payroll deduction	\$105 (\$35 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Marketing - NAIG	Aggregate Year-to-Date > \$ 315	

SUBTOTAL of Receipts This Page (optional)

\$1,005

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 6
FOR LINE NUMBER 11.a.1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D. A. Conroy 8080 Old Post Road West East Amherst, NY 14051	Praxair, Inc.	payroll deduction	\$75 (\$25 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Site Manager Aggregate Year-to-Date > \$ 225		
T. W. Dougher 9640 The Maples Clarence, NY 14031	Praxair, Inc.	payroll deduction	\$90 (\$30 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President, Safety Aggregate Year-to-Date > \$ 240		
R. C. Vitzgerald 5221 East River Road Grand Island, NY 14072	Praxair, Inc.	payroll deduction	\$75 (\$25 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director New Business Development Aggregate Year-to-Date > \$ 210		
J. E. Gonzalez 9760 Rocky Point Court Clarence, NY 14031	Praxair, Inc.	payroll deduction	\$75 (\$25 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Vice President Aggregate Year-to-Date > \$ 225		
D. A. Haid 117 Bayberry Lane Westport, CT 06880	Praxair, Inc.	payroll deduction	\$105 (\$35 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Research & Development Aggregate Year-to-Date > \$ 300		
S. E. Hine 7 Ravencrest Drive Bethel, CT 06801	Praxair, Inc.	payroll deduction	\$75 (\$25 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Associate Director, Safety Aggregate Year-to-Date > \$ 225		
C. L. Jacobson 106 Butler Avenue New Canaan, CT 06840	Praxair, Inc.	payroll deduction	\$75 (\$25 per month)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director Corporate Accounting Aggregate Year-to-Date > \$ 225		

SUBTOTAL of Receipts This Page (optional) \$ 570

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 6
FOR LINE NUMBER 11.a.1

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

A. Full Name, Mailing Address and ZIP Code M. E. Kerr 7 Beaconsfield Dove Canyon, CA	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$75 (\$25 per month)
	Occupation Director of Marketing, Govt Sales Aggregate Year-to-Date > \$ 225		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code J. D. Eibenwasser 3033 Polly Lane Flossmoor, IL 60422	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$150 (\$50 per month)
	Occupation Assoc. Director Advanced Res & Dev. Aggregate Year-to-Date > \$ 300		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code L. A. Kopnick 165 North Street Ridgefield, CT 06877	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$75 (\$25 per month)
	Occupation Corp. Tax Counsel Aggregate Year-to-Date > \$ 225		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code B. J. Ryman 1226 Barrington Drive Greenwood, IN 46143	Name of Employer Praxair, Surface Technologies, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$75 (\$25 per month)
	Occupation Steel Marketing Manager Aggregate Year-to-Date > \$ 225		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code J. S. Sawyer 10 Ben Court Old Greenwich, CT 06870	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$90 (\$30 per month)
	Occupation Vice President & Treasurer Aggregate Year-to-Date > \$ 270		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code O. A. Shelton 3 Pondview Drive New Fairfield, CT 06812	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$90 (\$30 per month)
	Occupation Associate Director, Safety Aggregate Year-to-Date > \$ 270		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code J. J. Sibley 197 Wornwood Fairfield, CT 06430	Name of Employer Praxair, Inc.	Date (month, day, year) payroll deduction	Amount of Each Receipt This Period \$75 (\$25 per month)
	Occupation Senior Division Attorney Aggregate Year-to-Date > \$ 225		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$ 630

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 6

FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (in Full)

Praxair, Inc. Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code A. J. Westendorf 72 Amy's Lane New Canaan, CT 06840</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Praxair, Inc.</p> <p>Occupation Senior Vice President, Sales</p> <p>Aggregate Year-to-Date > \$ 225</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period \$75 (\$25 per month)</p>
<p>B. Full Name, Mailing Address and ZIP Code D. H. Yankowski 8368 Black Walnut Drive East Amherst, New York 14051</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Praxair, Inc.</p> <p>Occupation Director, Business Development</p> <p>Aggregate Year-to-Date > \$ 200</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period \$150 (\$50 per month)</p>
<p>C. Full Name, Mailing Address and ZIP Code S. Mark Young Avenida Vierra Souto - 582 Ipanema, Rio de Janeiro, Brasil</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer S.A. White Martins</p> <p>Occupation Exec. Director Operations & Engineering</p> <p>Aggregate Year-to-Date > \$ 225</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period \$75 (\$25 per month)</p>
<p>D. Full Name, Mailing Address and ZIP Code A. D. Lauro 759 Burr Oak Drive Greenwood, IN 46143</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Praxair Surface Technologies</p> <p>Occupation Director of Marketing</p> <p>Aggregate Year-to-Date > \$ 200</p>	<p>Date (month, day, year) 7/1/98</p>	<p>Amount of Each Receipt this Period \$200</p>
<p>E. Full Name, Mailing Address and ZIP Code S. Lerner 136 Viscount Drive Williamsville, NY 14221</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Praxair, Inc</p> <p>Occupation Director Proc & Systems R&D</p> <p>Aggregate Year-to-Date > \$ 400</p>	<p>Date (month, day, year) 7/24/98</p>	<p>Amount of Each Receipt this Period \$400</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>

SUBTOTAL of Receipts This Page (optional)

\$ 900

TOTAL This Period (last page this line number only)

\$7,383

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement transfer to affiliated committee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
PraxairPAC New York P. O. Box 921 Tonawanda, NY 14150-0921		9/24/98	\$4,500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$4,500

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 123 a. i.

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NAME OF COMMITTEE (In Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Regula for Congress Committee 4210 Whipple Avenue, NW Canton, OH 44718	campaign contrib. US House of Reps Ralph Regula OH-16 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$500
Judy Biggert for Congress 309 N. Cass Avenue Westmont, IL 60559	campaign contrib US House of Reps Judy Biggert IL-13 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$1,000
Voinovich for Senate Committee 8 East Broad Street, 8th Floor Columbus, OH 43215	campaign contrib. US Senate George Voinovich, OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$1,000
Brownback for U.S. Senate P. O. Box 2008 Topeka, KS 66601	campaign contrib US Senate Sam Brownback, KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$1,000
Aderholt for Congress P. O. Box 1158 Haleyville, AL 35565	campaign contrib US House of Reps Robert Aderholt AL-4 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
Greenwood for Congress P. O. Box 2358 Doylestown, PA 18901	campaign contrib US House of Reps Jim Greenwood PA-8 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98 CHECK RETURNED - 0 -	[\$500]
Linder for Congress Committee P. O. Box 942060 Atlanta, GA 31141	campaign contrib US House of Reps John Linder GA-11 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
Dickey for Congress Campaign Committee P. O. Box 8766 Pine Bluff, AR 71611	campaign contrib US House of Reps Jay Dickey AR-4 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98 CHECK RETURNED - 0 -	[\$500]
Chris Cox Congressional Committee P. O. Box 8088-C Newport Beach, CA 92658	campaign contrib US House of Reps Chris Cox, CA-47 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500

SUBTOTAL of Disbursements This Page (optional)

\$5,000

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
FOR LINE NUMBER 123

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NAME OF COMMITTEE (in Full)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Bryant for Congress P. O. Box 1961 Cordova, TN 38088	campaign contrib US House of Reps Ed Bryant, TN-7 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
B. Full Name, Mailing Address and ZIP Code Coburn for Congress 3301 West Broadway Muskogee, OK 74401	campaign contrib US House of Reps Tom Coburn OK-2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
C. Full Name, Mailing Address and ZIP Code Friends of Roy Blunt P. O. Box 278 Stafford, MO 65757	campaign contrib US House of Reps Roy Blunt MO-7 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
D. Full Name, Mailing Address and ZIP Code Bob Schaffer for Congress Committee P. O. Box 1929 Fort Collins, CO 80524	campaign contrib US House of Reps Bob Schaffer CO-4 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
E. Full Name, Mailing Address and ZIP Code Friends of Metcalf P. O. Box 3371 Everett, WA 98203	campaign contrib US House of Reps Jack Metcalf WA-2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
F. Full Name, Mailing Address and ZIP Code Latham for Congress P. O. Box 174 Sioux City, IA 51102	campaign contrib US House of Reps Tom Latham Iowa-5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
G. Full Name, Mailing Address and ZIP Code Pryce for Congress 340 E. Gay Street Columbus, OH 43215	campaign contrib US House of Reps Deborah Pryce OH-15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
H. Full Name, Mailing Address and ZIP Code Skeen for Congress 1200 S. Richardson WEK Building Roswell, NM 88201	campaign contrib US House of Reps Joe Skeen NM-2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500
I. Full Name, Mailing Address and ZIP Code John Spratt for Congress P. O. Box 2884 Washington, DC 20013	campaign contrib US House of Reps John Spratt SC-5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/98	\$ 500

SUBTOTAL of Disbursements This Page (optional)

\$4,500

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 123

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement campaign	Date (month, day, year)	Amount of Each Disbursement This Period
Moran for Congress P. O. Box 1151 Hays, KS 67601	contrib US House of Reps Jerry Moran KS-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/98 REPLACEMENT	[\$ 500] FOR LOST CHECK - 0 -
B. Full Name, Mailing Address and ZIP Code Friends of John LaFalce 422 New Jersey Avenue, SE Washington, DC 20003	contrib US House of Reps John LaFalce NY-29 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/98	\$ 500
C. Full Name, Mailing Address and ZIP Code Cramer for Congress 38 Ivy Street, SE Washington, DC 20003	contrib US House of Reps Bud Cramer AL-5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/98	\$ 500
D. Full Name, Mailing Address and ZIP Code Reynolds for Congress P. O. Box 141 Williamsville, NY 14231	contrib US House of Reps Tom Reynolds NY-27 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/98	\$ 500
E. Full Name, Mailing Address and ZIP Code Friends of John La Falce c/o Robert Greene 3400 Marine Midland Center Buffalo, NY 14203	contrib US House of Reps John LaFalce NY-29 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
F. Full Name, Mailing Address and ZIP Code Matt Fong U.S. Senate Committee 888 S. Figueroa Street Los Angeles, CA 90017	contrib U.S. Senate Matt Fong - California Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$1,000
G. Full Name, Mailing Address and ZIP Code Faircloth for Senate P. O. Box 26585 Raleigh, NC 27611-6585	contrib US House of Reps Lauch Faircloth - NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$1,000
H. Full Name, Mailing Address and ZIP Code Coverdell Good Government Committee 4840 Roswell Road, Suite C Atlanta, CA 30342	contrib US Senate Paul Coverdell GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$1,000
I. Full Name, Mailing Address and ZIP Code Chabot for Congress Committee Suite 311, 105 4th Street Cincinnati, OH 45202	contrib US House of Reps Steve Chabot OH-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500

SUBTOTAL of Disbursements This Page (optional)

\$5.00
\$5,500

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Pat Toomey 1005 Union Blvd Allentown, PA 18103	campaign contrib US House of Reps Pat Toomey PA-15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
B. Full Name, Mailing Address and ZIP Code Baker for Congress 46 Lincoln Hill, SW Quincy, IL 62301	campaign contrib US House of Reps Mark Baker IL-17 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
C. Full Name, Mailing Address and ZIP Code Aderholt for Congress P. O. Box 1158 Haleyville, AL 35565	campaign contrib US House of Reps Bob Aderholt AL-4 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
D. Full Name, Mailing Address and ZIP Code Gil Guknecht for U.S. Congress 1530 Greenview Drive, #114 Rochester, MN 55902	campaign contrib US House of Reps Gil Guknecht MN-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
E. Full Name, Mailing Address and ZIP Code The Ramstad Volunteer Committee 8100 Pennsylvania Ave, Suite 104 Bloomington, MN 55431	campaign contrib US House of Reps Jim Ramstad MN-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
F. Full Name, Mailing Address and ZIP Code New Mexicans for Bill Redmon P. O. Box 5747 Santa Fe, NM 87502	campaign contrib US House of Reps Bill Redmon NM-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
G. Full Name, Mailing Address and ZIP Code Simpson for Congress P. O. Box 1541 Boise, ID 83701	campaign contrib US House of Reps Mike Simpson ID-2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
H. Full Name, Mailing Address and ZIP Code Steve Kuykendall for Congress 1379 Park Western Drive, #300 San Pedro, CA 90732	campaign contrib US House of Reps Steve Kuykendall CA-36 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
I. Full Name, Mailing Address and ZIP Code Visclosky for Congress 7520 Broadway Avenue	campaign contrib US House of Reps Pete Visclosky IN - 1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500

SUBTOTAL of Disbursements This Page (optional) \$4,500

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sam Johnson P. O. Box 860096 Plano, TX 75086-0096	campaign contrib US House of Reps Sam Johnson TX-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/98	\$ 500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$ 500
TOTAL This Period (last page this line number only)	\$20,000

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 28-a.

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Refund of contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/98	Amount of Each Disbursement This Period \$ 300
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)

TOTAL This Period (last page this line number only)

\$ 300

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)

Praxair, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution in Kind (fundraiser food labor etc) Nielsen Congress	Date (month, day, year) 9/17/98	Amount of Each Disbursement This Period \$1,721.44
B. Full Name, Mailing Address and ZIP Code Mill Plain Package Store 71 Mill Plain Road Danbury, CT 06811	Purpose of Disbursement Contrib. in Kind (beverages) Nielsen Congress '98	Date (month, day, year) 9/17/98	Amount of Each Disbursement This Period \$ 209.68
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$1,931.12

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 <i>10-1-98</i>
<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> PREPARER	<i>10-5-98</i> DATE PREPARED