

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)  
Honeywell Employee Citizenship Fund

ADDRESS (number and street)  Check if different than previously reported  
Honeywell Plaza; P.O. Box 524

CITY, STATE and ZIP CODE  
Minneapolis, MN 55440

RECEIVED  
FEDERAL ELECTION  
COMMISSION

May 29 12 34 PM '98

2. FEC IDENTIFICATION NUMBER  
C00079533

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

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on  
11/3/98 in the State of Minnesota

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 29,858.17
(b) Cash on Hand at Beginning of Reporting Period	\$ 14,572.01	
(c) Total Receipts (from Line 19)	\$ 5,944.14	\$ 26,932.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,516.15	\$ 56,791.15
7. Total Disbursements (from Line 30)	\$ 14,388.25	\$ 50,663.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,127.90	\$ 6,127.90
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 625 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3430
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  
Andrew Lindberg

Signature of Treasurer

*Andrew Lindberg*

Date

11/24/98

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 <b>Honeywell Employee Citizenship Fund</b>		REPORT COVERING PERIOD		
		FROM <b>10/15/98</b>	TO: <b>11/23/98</b>	
		<b>COLUMN A</b>	<b>COLUMN B</b>	
		<b>Total This Period</b>	<b>Calendar Year</b>	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	2,181.69	11,042.19	11(a)(i)
ii.	Unitemized	1,602.58	13,730.92	11(a)(ii)
iii.	Total (add i and ii) >	3,784.27	24,773.11	11(a)(iii)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions (add a iii, b and c) >	3,784.27	24,773.11	11(d)
12.	Transfers From Affiliated/Other Party Committees	2,159.87	2,159.87	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) >	5,944.14	26,932.98	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	5,944.14	26,932.98	20
<b>II. Disbursements</b>				
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	388.25	1,163.25	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	14,000.00	49,500.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	0.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,388.25	50,663.25	30
31.	Total Federal Disbursements (subtract line 21 a & from line 30) >	14,388.25	50,663.25	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	3,784.27	24,773.11	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	3,784.27	24,773.11	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 35 from 36) >	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 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)**  
Honeywell Employee Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Rochford 4505 N. 15th Street Arlington, VA 22207	Honeywell Inc.		
	Occupation Dir Intl & Tech Affairs	Payroll Deduction	30.00 (\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	220.00	Biweekly)
B. Full Name, Mailing Address and ZIP Code John Gillgan 4612 Drexel Ave Edina, MN 55424	Honeywell Inc.		
	Occupation VP Field Operations	Payroll Deduction	75.00 (\$75.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	550.00	Biweekly)
C. Full Name, Mailing Address and ZIP Code John Hillis 450 Peavey Lane Wayzata, MN 55391	Honeywell Inc.		
	Occupation VP Comp Ben & EIS	Payroll Deduction	30.00 (\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	220.00	Biweekly)
D. Full Name, Mailing Address and ZIP Code Deborah Veverka 7795 134th St West Apple Valley, MN 55124	Honeywell Inc.		
	Occupation VP Pension Fund Invmts	Payroll Deduction	30.00 (\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	220.00	Biweekly)
E. Full Name, Mailing Address and ZIP Code Meghan Rainey 3206 Circle Hill Drive Alexandria, VA 22305	Honeywell Inc.		
	Occupation Dir Fed Govt Affairs	Payroll Deduction	75.00 (\$75.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	Biweekly)
F. Full Name, Mailing Address and ZIP Code Frances Emerson 14361 Raymond Lane Eden Prairie, MN 55347	Honeywell Inc.		
	Occupation VP Communications	Payroll Deduction	30.00 (\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	220.00	Biweekly)
G. Full Name, Mailing Address and ZIP Code Keith Nanz 227 Brookdale Court Dresher, PA 19025	Honeywell Inc.		
	Occupation Manager Branch Svc	Payroll Deduction	30.00 (\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	220.00	Biweekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

**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)  
Honeywell Employee Citizenship Fund

<b>A. Full Name, Mailing Address and ZIP Code</b> David Hoiris 4803 Chantrey Place Minnetonka, MN 55345  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  30.00 (\$30.00)
	Occupation <b>VP &amp; Assoc Gen Counsel</b>	Deduction	
Aggregate Year-to-Date > \$ 220.00		Biweekly	
<b>B. Full Name, Mailing Address and ZIP Code</b> Roger Sterling 23643 N. 83rd Place Scottsdale, AZ 85255  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  75.00 (\$75.00)
	Occupation <b>VP Supply Management</b>	Deduction	
Aggregate Year-to-Date > \$ 550.00		Biweekly	
<b>C. Full Name, Mailing Address and ZIP Code</b> Charles Hough 3302 Mill Cross Ct Oakton, VA 22124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  27.69 (\$27.69)
	Occupation <b>Dir Trade Admin</b>	Deduction	
Aggregate Year-to-Date > \$ 203.06		Biweekly	
<b>D. Full Name, Mailing Address and ZIP Code</b> Kathy Hedin 1235 Yale Place #405 Minneapolis, MN 55403  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  30.00 (\$30.00)
	Occupation <b>Director, Comm Resource</b>	Deduction	
Aggregate Year-to-Date > \$ 220.00		Biweekly	
<b>E. Full Name, Mailing Address and ZIP Code</b> Gerald Vandervoort 1235 Yale Place, Unit 604 Minneapolis, MN 55403  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  30.00 (\$30.00)
	Occupation <b>VP/CM Military Avionics</b>	Deduction	
Aggregate Year-to-Date > \$ 220.00		Biweekly	
<b>F. Full Name, Mailing Address and ZIP Code</b> Andrew Lindberg 250 East 6th Street St. Paul, MN 55101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  52.50 (\$52.50)
	Occupation <b>Dir Tax &amp; Technology</b>	Deduction	
Aggregate Year-to-Date > \$ 385.00		Biweekly	
<b>G. Full Name, Mailing Address and ZIP Code</b> Charles Ryan 1600 N. Oak Street Arlington, VA 22209  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  30.00 (\$30.00)
	Occupation <b>Director Input</b>	Deduction	
Aggregate Year-to-Date > \$ 220.00		Biweekly	

SUBTOTAL of Receipts This Page (optional) ..... 275.19

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
Honeywell Employee Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Mary Hoven</b> 1621 W 25th Street Minneapolis, MN 55405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Honeywell Inc.	Payroll	45.00
	Occupation VP Comm Local Gov Aff	Deduction	(\$45.00)
		Aggregate Year-to-Date > \$	330.00
<b>Emily Willey</b> 712 Prince Street Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Honeywell Inc.	Payroll	30.00
	Occupation Director Mkt Rqmts &	Deduction	(\$30.00)
		Aggregate Year-to-Date > \$	220.00
<b>Lawrence Straughauer</b> 2035 Kimberly Court Plymouth, MN 55447 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Honeywell Inc.	Payroll	115.50
	Occupation VP & CFO	Deduction	(\$115.50)
		Aggregate Year-to-Date > \$	847.00
<b>Glen Slovick</b> 1473 Grantham Street St Paul, MN 55108 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Honeywell Inc.	Payroll	150.00
	Occupation VP Corp Gov & Comm	Deduction	(\$150.00)
		Aggregate Year-to-Date > \$	1,100.00
<b>Jennifer Crawford</b> 2339 Sheridan Terrace Wayzata, MN 55391 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Honeywell Inc.	Payroll	30.00
	Occupation Director Contract Mgmt	Deduction	(\$30.00)
		Aggregate Year-to-Date > \$	220.00
<b>William Hinker</b> 9371 Nesbitt Road Bloomington, MN 55437 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Honeywell Inc.	Payroll	30.00
	Occupation Dir Internal Comm	Deduction	(\$30.00)
		Aggregate Year-to-Date > \$	220.00
<b>Stephen Keefe</b> 2150 France Avenue Minneapolis, MN 55416 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Honeywell Inc.	Payroll	60.00
	Occupation Dir State Govt Affairs	Deduction	(\$60.00)
		Aggregate Year-to-Date > \$	440.00

**SUBTOTAL** of Receipts This Page (optional) ..... 460.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
Honeywell Employee Citizenship Fund

<b>A. Full Name, Mailing Address and ZIP Code</b> Arnold Weimerskirch 2831 Sandpiper Trail Excelsior, MN 55331  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  <b>Payroll</b>	Amount of Each Receipt this Period  30.00 (\$30.00 Biweekly)
	Occupation <b>VP Corp Quality</b>  Aggregate Year-to-Date > \$ 220.00	Deduction	
<b>B. Full Name, Mailing Address and ZIP Code</b> Edward Grayson 1705 Emerson Av S Minneapolis, MN 55403  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  <b>Payroll</b>	Amount of Each Receipt this Period  75.00 (\$75.00 Biweekly)
	Occupation <b>VP &amp; General Counsel</b>  Aggregate Year-to-Date > \$ 550.00	Deduction	
<b>C. Full Name, Mailing Address and ZIP Code</b> Thomas Semtjens 2538 Arcola Lane Wayzata, MN 55391  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  <b>Payroll</b>	Amount of Each Receipt this Period  30.00 (\$30.00 Biweekly)
	Occupation <b>Dir Risk/Empl Syst Mgmt</b>  Aggregate Year-to-Date > \$ 220.00	Deduction	
<b>D. Full Name, Mailing Address and ZIP Code</b> James Porter 445 Highcroft Road Wayzata, MN 55391  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  <b>Payroll</b>	Amount of Each Receipt this Period  105.00 (\$105.00 Biweekly)
	Occupation <b>VP &amp; CAO</b>  Aggregate Year-to-Date > \$ 770.00	Deduction	
<b>E. Full Name, Mailing Address and ZIP Code</b> Paula Prah 2455 County Road 24 Long Lake, MN 55356  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  <b>Payroll</b>	Amount of Each Receipt this Period  60.00 (\$60.00 Biweekly)
	Occupation <b>Director Policy &amp; Issues</b>  Aggregate Year-to-Date > \$ 440.00	Deduction	
<b>F. Full Name, Mailing Address and ZIP Code</b> Ronald Sieck 1575 W Stephenson St Freeport, IL 61032  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  <b>Payroll</b>	Amount of Each Receipt this Period  120.00 (\$120.00 Biweekly)
	Occupation <b>Vp and General Manager</b>  Aggregate Year-to-Date > \$ 680.00	Deduction	
<b>G. Full Name, Mailing Address and ZIP Code</b> Ronald Barnhart 3011 Leefield Drive Herndon, VA 20171-1521  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>Honeywell Inc.</b>	Date (month, day, year)  <b>Payroll</b>	Amount of Each Receipt this Period  30.00 (\$30.00 Biweekly)
	Occupation <b>Vice President GSM</b>  Aggregate Year-to-Date > \$ 220.00	Deduction	

SUBTOTAL of Receipts This Page (optional) ..... 450.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 5  
FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (in Full)**  
Honeywell Employee Citizenship Fund

<p><b>A. Full Name, Mailing Address and ZIP Code</b> William Sanders 931 Maple Road Flossmoor, IL 60422</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Honeywell Inc.</p> <p>Occupation VP Info Systems</p> <p>Aggregate Year-to-Date &gt; \$ 550.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>75.00 (\$75.00 Biweekly)</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Ellis Nottingham Jr 3800 North 30th Street Arlington, VA 22207</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Honeywell Inc.</p> <p>Occupation Director Government</p> <p>Aggregate Year-to-Date &gt; \$ 330.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>45.00 (\$45.00 Biweekly)</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Michael Bonsignore 1201 Yale Place #1701 Minneapolis, MN 55403</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Honeywell Inc.</p> <p>Occupation Chairman and CEO</p> <p>Aggregate Year-to-Date &gt; \$ 4,224.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>576.00 (\$576.00 Biweekly)</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

**SUBTOTAL of Receipts This Page (optional)** ..... 696.00

**TOTAL This Period (just page this line number only)** ..... 2,181.69

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 12

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**NAME OF COMMITTEE (In Full)**  
Honeywell Employee Citizenship Fund

<b>A. Full Name, Mailing Address and ZIP Code</b> Honeywell Florida PAC 13350 US Hwy 19 North Clearwater, FL 33764-7290	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,159.87		2,159.87
<b>B. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2,159.87
<b>TOTAL</b> This Period (last page this line number only) .....	2,159.87



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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)**  
Honeywell Employee Citizenship Fund

A. Full Name, Mailing Address and ZIP Code Honeywell PAC/Arizona 21111 N 19th Ave Phoenix, AZ 85036-1111	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 11/05/98	Amount of Each Disbursement This Period 388.25
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) .....

388.25

**TOTAL** This Period (last page this line number only) .....

388.25

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

Honeywell Employee Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Matt Fong for Senate 888 S. Figueroa Los Angeles, CA 90017	Fong, U.S. SENATE CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	1,000.00
Lewis For Congress Committee 1294 W Sunset Dr Redlands, CA 92373	Jerry Lewis, U.S. HOUSE 40th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	1,000.00
Fitzgerald for U.S. Senate	Peter Fitzgerald, U.S. SENATE II. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	2,000.00
Crane For Congress Committee  213 Wethington Dr South Wauconda, IL 60084	Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	1,000.00
Porter For Congress Committee 1625 Sheridan Road #406 Wilmette, IL 60091	John Edward Porter, U.S. HOUSE 10th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	1,000.00
Gutknecht for Congress 1530 Greenview Dr. SW Rochester, MN 55902	Gil Gutknecht, U.S. HOUSE 1st MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	500.00
Minge for Congress P.O. Box 71 Granite Falls, MN 56241	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	500.00
Sabu for Congress Committee 2425 Franklin Avenue Minneapolis, MN 55406	Martin Olay Sabu, U.S. HOUSE 5th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	500.00
Friends of Jim Oberstar P.O. Box 465 Duluth, MN 55802	James L. Oberstar, U.S. HOUSE 8th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8,000.00

**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 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**  
Honeywell Employee Citizenship Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Heather Wilson for Congress P.O. Box 14070 Albuquerque, NM 87191	Heather Wilson, U.S. HOUSE 1st NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	1,000.00
B. Full Name, Mailing Address and ZIP Code New Mexicans for Bill Redmond P.O. Box 5747 Santa Fe, NM 87502	Bill Redmond, U.S. HOUSE 3rd NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	500.00
C. Full Name, Mailing Address and ZIP Code Fox for Congress Committee	Jon D. Fox, U.S. HOUSE 13th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of John Tanner	John Tanner, U.S. HOUSE 8th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Sam Johnson P.O. Box 860096 Plano, TX 75086	Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Young for Congress P.O. Box 47025 St. Petersburg, FL 33743	C.W. Bill Young, U.S. HOUSE 10th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/20/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Grams for U.S. Senate	Rud Grams, U.S. SENATE MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/11/98	1,000.00
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) .....

6,000.00


**TOTAL** This Period (last page this line number only) .....

14,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11/24/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	11/30/98 DATE PREPARED