REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Jul 22 9 27 AM '93

1. NAME OF COMMITTEE (in full)
Provident Life and Accident Insurance Company Political Action Committee

ADDRESS (number and street) [ ] Check if different than previously reported
1 Fountain Square, 7th Floor

CITY, STATE and ZIP CODE
Chattanooga TN 37402

2. FEC IDENTIFICATION NUMBER
C00127436

3. [ ] This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[X] 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 [X] NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1-1-93 through 6-30-93		
6. (a) Cash on Hand January 1, 19 93		$ 14100.43
(b) Cash on Hand at Beginning of Reporting Period	$ 14100.43	
(c) Total Receipts (from line 19)	$ 10069.38	$ 10069.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 24169.81	$ 24169.81
7. Total Disbursements (from Line 30)	$ 12870.60	$ 12870.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11299.21	$ 11299.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E. Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Henry T Hardin

Signature of Treasurer
Henry T. Hardin

Date
7-20-93

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

FEC FORM 3X
(revised 1/1/91)

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

(revised 1/1/91)

Name/Cmte: Provident Life and Accident Insurance Company Political Action Committee

Report Covering the Period From 1-1-93 To 6-30-93

	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)	7586.83	7586.83
ii. Unitemized	2333.68	2333.68
iii. Total (add i and ii)	9920.51	9920.51
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c)	9920.51	9920.51
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	148.87	148.87
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	10069.38	10069.38
20. Total Federal Receipts (subtract line 18 from line 19)	10069.38	10069.38
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	220.60	220.60
c. Total Operating Expenditures (Add a i, a ii, and b)	220.60	220.60
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	10250.00	10250.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c)		
29. Other Disbursements	2400.00	2400.00
30. Total Disbursements (add 21c, 22 23 24 25 26 27 28d and 29)	12870.60	12870.60
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	12870.60	12870.60
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	9920.51	9920.51
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	9920.51	9920.51
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	220.60	220.60
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	220.60	220.60

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 5

FORM LINE NUMBER 11ai

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 com purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177436

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. C Gary Ainscough 921 Cordell Dr Rossville GA 30741 Receipt for: Primary General Other (specify):	Provident Life & Acc Ins Co ("PLA") Sr Systems Analyst Aggregate Year-to-Date >= $ 101.30	Bi-weekly Payroll Deduction ("BPD")	101.00 6 @ 7.64 7 @ 7.86
B. John H Barnes 3 Turnberry Ln Lookout Mtn GA 30750 Receipt for: Primary General Other (specify):	Name of Employer: PLA Occupation: Ins Exec Aggregate Year-to-Date >= $ 439.92	Date (month, day, year): BPD	Amount of Each Receipt this Period: 439.92 33.84 Per Pay Period ("PPP")
C. Stephen D Benton 15 Middle Creek Rd Signal Mtn TN 37377 Receipt for: Primary General Other (specify):	Name of Employer: PLA Occupation: Systems Dir Aggregate Year-to-Date >= $ 130.00	Date (month, day, year): BPD	Amount of Each Receipt this Period: 130.00 10.00 PPP
D. Roy E Bess Jr The Tower, Suite 3109 611 Commerce St Nashville TN 37203 Receipt for: Primary General Other (specify):	Name of Employer: PLA Occupation: Ins Exec Aggregate Year-to-Date >= $ 146.93	Date (month, day, year): BPD	Amount of Each Receipt this Period: 146.93 6 @ 11.26 7 @ 11.51
E. William C Birdwell 1032 Mesquite Dr Keller TX 76248 Receipt for: Primary General Other (specify):	Name of Employer: PLA Occupation: District Mgr Aggregate Year-to-Date >= $ 116.44	Date (month, day, year): BPD	Amount of Each Receipt this Period: 116.44 6 @ 8.72 7 @ 9.36
F. John H Buchanan 5 Brooks Edge Ln Signal Mtn TN 37377 Receipt for: Primary General Other (specify):	Name of Employer: PLA Occupation: Ins Exec Aggregate Year-to-Date >= $ 195.00	Date (month, day, year): BPD	Amount of Each Receipt this Period: 195.00 15.00 PPP
G. George Scott Bucher 5600 Lake Resort Ter Apt #428-P Chattanooga TN 37415 Receipt for: Primary General Other (specify):	Name of Employer: PLA Occupation: VP & Actuary Aggregate Year-to-Date >= $ 176.69	Date (month, day, year): BPD	Amount of Each Receipt this Period: 176.69 6 @ 13.36 7 @ 13.79

SUBTOTAL of Receipts This Page (optional) 1355.98

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 6

FORM LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177436

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David Sibley Cox 1130 Charwood Ln Hixson TN 37343 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA VP & Actuary Aggregate To Date >$ 169.00	BPD	169.00 13.00 PPP
B. Laten Lewis Creech 705 Windy Way Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Agency VP Aggregate To Date >$ 139.83	BPD	139.83 6 @ 14.29 7 @ 14.67
C. Arthur N Dickerson 176 Woodcliff Cir Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Ins Exec Aggregate To Date >$ 144.02	BPD	144.02 6 @ 10.82 7 @ 11.30
D. Dr William E Feist 1905 Woods View Ct Hixson TN 37343 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Med Dir Aggregate To Date >$ 147.98	BPD	147.98 6 @ 12.15 7 @ 12.60
E. J Michael Gannon 3218 Lockwood Dr Chattanooga TN 37415 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA VP & Gen Counsel Aggregate To Date >$ 209.81	BPD	209.81 6 @ 15.73 7 @ 16.49
F. Richard C Govan Jr 1438 Wood Nymph Tr Lookout Mtn 37350 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA VP Sales Aggregate To Date >$ 202.35	BPD	202.35 6 @ 15.37 7 @ 15.99
G. David Wayne Ball 9227 Windstone Dr Ooltewah TN 37363 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA VP Accident Dept Aggregate To Date >$ 130.00	BPD	130.00 10.00 PPP

SUBTOTAL of Receipts This Page (optional) 1192.99

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 3 OF 6

FORM LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177436

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas C Hardy 215 Stephenson Ave Lookout Mtn TN 37350 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Occupation: Ins Exec Aggregate Year-To-Date >= $ 292.50	BPD	292.50 22.50 PPP
B. Betty S Harvey 8031 Savannah Cr Soltewah TN 37363 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Occupation: Mgr Life Svg Aggregate Year-To-Date >= $ 103.74	BPD	103.74 7.98 PPP
C. Patrick J Haverty Parsons Ln Route 1 Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Occupation: Retired Aggregate Year-To-Date >= $ 125.00	BPD	125.00 5 @ 25.00
D. Thomas B Heys Jr 215 Primrose Way Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Occupation: Ins Exec Aggregate Year-To-Date >= $ 246.97	BPD	246.97 6 @ 18.47 7 @ 19.45
E. Roger A Johnson 11 Lorna Lane Ct Tonawanda NY 14150 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Provident Life & Casualty Ins Co Occupation: Branch Mgr Aggregate Year-To-Date >= $ 130.10	BPD	100.10 7.70 PPP
F. David J Kemmerer 42 Middle Creek Rd Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Occupation: Ins Exec Aggregate Year-To-Date >= $ 130.00	BPD	130.00 10.00 PPP
G. Carolyn King 2031 Avalon Ave Chattanooga, TN 37415 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Occupation: Ins Exec Aggregate Year-To-Date >= $ 240.86	BPD	240.86 6 @ 18.00 7 @ 18.98

SUBTOTAL of Receipts This Page (optional) 1339.17

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 4 OF 6

FORM LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177436

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald W Kress 3422 Glendon Dr Chattanooga TN 37411	PLA Occupation: VP Legislative Affrs	BPD	143.00 11.00 PPP
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date >$	143.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kenneth Lamar Light 1502 Heritage Landing Dr Chattanooga TN 37405	PLA Occupation: Dir New Business	BPD	101.02 6 @ 7.55 7 @ 7.96
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date >$	101.02	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frank J Longo 6 Chamblee Ct Signal Mtn TN 37377	PLA Occupation: VP & Actuary	BPD	195.00 15.00 PPP
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date >$	195.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James D Lynch Jr 1218 Brow Estates Dr Signal Mtn TN 37377	PLA Occupation: Regional Mgr	BPD	325.00 25.00 PPP
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date >$	325.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hugh O Maclellan Jr 200 W Fleetwood Dr Lookout Mtn TN 37350	PLA Occupation: Ins Exec	BPD	530.94 6 @ 39.77 7 @ 41.76
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date >$	530.94	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard W Marciniak P O Box 1680 Mercer Island WA 98040	PLA Occupation: Branch Mgr	BPD	129.45 6 @ 9.78 7 @ 10.11
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date >$	129.45	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald L Marquis 1218 E Clarendon Arlington Hts IL 60004	PLA Occupation: Branch Mgr	BPD	109.28 1 @ 8.26 5 @ 8.29 7 @ 8.51
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date >$	109.28	

SUBTOTAL of Receipts This Page (optional) 1533.69

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 5 OF 6

FORM LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)
Provident Life and Accident Insurance
Company Political Action Committee

FEC ID No. C00177436

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William C Mitchum 302 High Crest Rd Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Sr Loan Officer	BPD	113.75 8.75 PPP
	Aggregate Year-To-Date >-$	113.75	
B. Ralph W Mohney Jr 605 Windy Way Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA VP Disab Operation	BPD	160.49 6 @ 11.85 7 @ 12.77
	Aggregate Year-To-Date >-$	160.49	
C. Richard Albert Park 806 Glamis Cir Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Ins Exec	BPD	213.54 6 @ 15.99 7 @ 16.80
	Aggregate Year-To-Date >-$	213.54	
D. James H Pesnell 1202 Sunset Dr Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Ins Exec	BPD	325.00 25.00 PPP
	Aggregate Year-To-Date >-$	325.00	
E. Carl Edward Price 802 Signal Mtn Blvd #125 Signal Mtn TN 37377 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA VP Accident Dept	BPD	130.00 10.00 PPP
	Aggregate Year-To-Date >-$	130.00	
F. Winston C Profic 9217 Mountain Shadows Dr Chattanooga TN 37421 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Ins Exec	BPD	178.75 13.75 PPP
	Aggregate Year-To-Date >-$	178.75	
G. Roy Robb Tipton 5 Rathbone Place Detroit MI 48230 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	BPD Branch Mgr	BPD	129.06 6 @ 9.75 7 @ 10.08
	Aggregate Year-To-Date >-$	129.06	

SUBTOTAL of Receipts This Page (optional)	1250.59
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 6 OF 6

FORM LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance
Company Political Action Committee

FEC ID No. C00177436

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Samuel Trent Jr 8304 Whetstone Ln Coltewah TN 37363 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Ins Exec Aggregate Year-To-Date >-$	BPD 130.00	130.00 10.00 PPP
B. Jerry E Triplett 3114 Waterfront Dr Chattanooga TN 37419 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Ins Exec Aggregate Year-To-Date >-$	BPD 224.08	224.08 6 @ 16.95 7 @ 17.50
C. Patrick G Veltman 6408 Fairview Rd Hixson TN 37343 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA VP Group Claims Aggregate Year-To-Date >-$	BPD 125.17	125.17 6 @ 9.37 7 @ 9.85
D. Steve V Webber 19407 Santa Rita St Tarzana CA 91356 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA Regional Mgr Aggregate Year-To-Date >-$	BPD 130.16	130.16 6 @ 9.84 7 @ 10.16
E. Jerry V Wheeler Route 1 Box 1-A Flat Rock AL 35966 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA VP Mktg Operations Aggregate Year-To-Date >-$	BPD 130.00	130.00 10.00 PPP
F. Frederick A Williams 12228 Apison Pike Apison TN 37302 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	PLA VP Life Dept Aggregate Year-To-Date >-$	BPD 325.00	325.00 25.00 PPP
G. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >-$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1064.41
TOTAL This Period (last page this line number only)	7586.93

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1

FORM LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177436

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. AmSouth Bank of Tennessee 601 Market St Chattanooga TN 37402 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Interest received on checking account Occupation Aggregate Year-To-Date >$ 148.87	Various	148.87
B. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	148.87
TOTAL This Period (last page this line number only)	148.87

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Provident Life and Accident Insurance Company Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Internal Revenue Service Memphis TN 37501	92 US Inc Tax Return	3-21-93	171.46
B. AmSouth Bank of Tennessee 601 Market St Chattanooga TN 37402-4898	Stationary & Printing	4-8-93	49.14
C.			
D.			
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Receipts This Page (optional) 220.60

TOTAL This Period (last page this line number only) 220.60

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement To Date
A. FL Ins Coun Pol Action Com (FICPAC) 317 E Virginia St Tallahassee FL 32301	Cont to Other PAC	1-19-93	500.00
B. Friends of Jim Sasser P O Box 24723 Nashville TN 37202	Cont to Fed Candidate	2-5-93	5000.00
C. American Textile Ind Comm for Good Government (ATICGG) 1901 K St NW Suite 900 Washington DC 20006	Cont to Other PAC	3-5-93	750.00
D. Ray Thorton for Congress P O Box 2884 Washington DC 20013	Cont to Fed Candidate	3-29-93	1000.00
E. Re-Elect Don Sundquist Com c/o Tucker & Associates 1350 Eye St NW Suite 870 Washington DC 20005	Cont to Fed Candidate	3-30-93	500.00
F. Congressman Bob Clement Com P O Box 150608 Nashville TN 37215	Cont to Fed Candidate	4-23-93	500.00
G. John Duncan for Congress L'Enfant Plaza P O Box 23500 Washington DC 20026-3500	Cont to Fed Candidate	6-1-93	500.00
H. Congressman Bart Gordon Com 555 New Jersey Ave NW Suite 201 Washington DC 20001	Cont to Fed Candidate	6-4-93	500.00
I. Friends of Sen Harlan Mathews 1210 Eighth Ave South Nashville TN 37203	Cont to Fed Candidate	6-15-93	1000.00

SUBTOTAL of Receipts This Page (optional) 10250.00

TOTAL This Period (last page this line number only) 10250.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement To Date
Gary Odom Legislative Com P O Box 50437 Nashville TN 37205	Cont to NonFed Cand Disbursement for: Primary General Other (specify)	1-19-93	100.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement To Date**
Committee of Friends for Brenda Kaye Turner 1101 Dodds Ave Suite A Chattanooga TN 37404	Cont to NonFed Cand Disbursement for: Primary General Other (specify)	1-19-93	100.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement To Date**
TN House Republican Caucus c/o Bobby Wood 104 War Memorial Bldg Nashville TN 37243-0126	Cont to NonFed Cands Disbursement for: Primary General Other (specify)	2-15-93	100.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement To Date**
TN Senate-House Demo Caucus P O Box 307013 Nashville TN 37230-7013	Cont to NonFed Cands Disbursement for: Primary General Other (specify)	3-16-93	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement To Date**
Committee to Elect Senator Springer 11-A Legislative Plaza Nashville TN 37243	Cont to NonFed Cand Disbursement for: Primary General Other (specify)	4-7-93	100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement To Date**
The TN Republican Party 2323 Hillsboro Rd Suite 501 Nashville TN 37212	Cont to NonFed Cand Disbursement for: Primary General Other (specify)	4-8-93	600.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement To Date**
Campaign to Re-Elect Larry Turner 752 W Levi Rd Memphis TN 38109	Cont to NonFed Cand Disbursement for: Primary General Other (specify)	4-20-93	100.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement To Date**
TN BlackCaucus of State Legislators War Memorial Bldg Suite 209 Nashville TN 37243-0066	Cont to NonFed Cands Disbursement for: Primary General Other (specify)	4-23-93	100.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement To Date**
Senate Republican Caucus P O Box 2852 Nashville TN 37219-0852	Cont to NonFed Cands Disbursement for: Primary General Other (specify)	4-23-93	500.00

SUBTOTAL of Receipts This Page (optional) 2200.00

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

1 3 3 3 4 7 2 0 1 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 29

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)
Provident Life and Accident Insurance Company Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Re-Elect Rep Pete Phillips P O Box 744 Shelbyville TN 37160	Cont to NonFed Cand Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-26-93	100.00
B. Friends of Senator Jerry Cooper P O Drawer 790 McMinnville TN 37110	Cont to NonFed Cand Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-13-93	100.00
C.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	2400.00

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.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 7-21-93
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

Jm. H
PREPARER

7-22-93
DATE PREPARED

FEC FORM 70-2 (12/92)