

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2009 FEB -8 A 11:48

1. NAME OF COMMITTEE (in full)  
Volunteer PAC

ADDRESS (number and street)  Check if different than previously reported.  
4206 Hillsboro Road, Suite 308

CITY, STATE and ZIP CODE  
Nashville, TN 37215

2. FEC IDENTIFICATION NUMBER  
CDD341743

3.  This committee qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

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

### Monthly Report Due On:

- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31

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

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>07/01/1998</u> through <u>12/31/1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		62,500.00
(b) Cash on Hand at Beginning of Reporting Period	122,123.10	
(c) Total Receipts (from Line 19)	85,000.00	168,475.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	207,123.10	230,975.00
7. Total Disbursements (from Line 20)	46,029.57	69,881.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	161,093.53	161,093.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:  
Federal Election Commission  
980 E Street NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

I verify 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

Linus D. Catignani

Signature of Treasurer

Date

1/28/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of U.S.C. 5437g.

FEC FORM 3X  
(Revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE Volunteer PAC		REPORT COVERING PERIOD FROM 07/01/1999 TO: 12/31/1999	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) from:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	84,000.00	161,500.00	11(a)(i)
ii. Unitemized		975.00	11(a)(ii)
iii. Total (add i and ii)	84,000.00	162,475.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	1,000.00	6,000.00	11(c)
d. Total Contributions (add a iii, b and c)	85,000.00	168,475.00	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 (add 11d, 12, 13, 14, 15, 16, 17, and 18)	85,000.00	168,475.00	19
20. Total Federal Receipts (subtract line 18 from line 19)	85,000.00	168,475.00	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	9,619.57	22,111.47	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	9,619.57	22,111.47	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	30,000.00	41,350.00	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. Individuals/Persons Other Than Political Committees	5,000.00	5,000.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c)	5,000.00	5,000.00	28(d)
29. Other Disbursements	1,410.00	1,410.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	48,029.57	69,881.47	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	48,029.57	69,881.47	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	85,000.00	168,475.00	32
33. Total Contribution Refunds (from line 28d)	5,000.00	5,000.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	80,000.00	163,475.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	9,619.57	22,111.47	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35)	9,619.57	22,111.47	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from such reports and statements may not be used in kind 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)**  
 Volunteer PAC

<b>A. Full Name, Mailing Address and Zip Code</b> Lou Barfield 1026 Chancery Lane Nashville, TN 37205-	<b>Name of Employer</b> Eaco, Berry and Sims	<b>Date (month, day, year)</b> 12/07/1999	<b>Amount of Each Receipt this Period</b> 2,500.00
	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> Mary Barfield 1026 Chancery Lane Nashville, TN 37205-	<b>Name of Employer</b> self	<b>Date (month, day, year)</b> 12/17/1999	<b>Amount of Each Receipt this Period</b> 2,500.00
	<b>Occupation</b> Homemaker	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> Maclin Davis 2100 Nashville City Center 511 Union Nashville, TN 37219-	<b>Name of Employer</b> Waller, Lansden, Dortch, Davis	<b>Date (month, day, year)</b> 12/01/1999	<b>Amount of Each Receipt this Period</b> 1,000.00
	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date -&gt;</b> 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> Herbert Fogel 188 Centerpoint Road, South Hendersonville, TN 37075-	<b>Name of Employer</b> self	<b>Date (month, day, year)</b> 10/04/1999	<b>Amount of Each Receipt this Period</b> 1,000.00
	<b>Occupation</b> Investments	<b>Aggregate Year-to-Date -&gt;</b> 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> Patricia Frist 508 Belle Meade Boulevard Nashville, TN 37205-	<b>Name of Employer</b> self	<b>Date (month, day, year)</b> 12/27/1999	<b>Amount of Each Receipt this Period</b> 5,000.00
	<b>Occupation</b> Homemaker	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> Thomas Frist 508 Belle Meade Boulevard Nashville, TN 37205-	<b>Name of Employer</b> Columbia	<b>Date (month, day, year)</b> 12/27/1999	<b>Amount of Each Receipt this Period</b> 5,000.00
	<b>Occupation</b> CEO	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> Richard Green 4325 Estes Road Nashville, TN 37215-	<b>Name of Employer</b> self	<b>Date (month, day, year)</b> 12/01/1999	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date -&gt;</b> 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional)	17,500.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
**Volunteer PAC**

<b>A. Full Name, Mailing Address and Zip Code</b> John Ingram P.O. Box 50058 Nashville, TN 37205-	<b>Name of Employer</b> Ingram Industries	<b>Date (month, day, year)</b> 12/27/1999	<b>Amount of Each Receipt this Period</b> 2,000.00
	<b>Occupation</b> Executive	<b>Aggregate Year-to-Date -&gt;</b> 2,000.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> Mrs. E. Bronson Ingram P.O. Box 23045 Nashville, TN 37202-	<b>Name of Employer</b> Ingram Industries	<b>Date (month, day, year)</b> 12/01/1999	<b>Amount of Each Receipt this Period</b> 2,000.00
	<b>Occupation</b> Chairman	<b>Aggregate Year-to-Date -&gt;</b> 2,000.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> Orrin Ingram c/o Ingram Industries 4400 Harding Road Nashville, TN 37205-	<b>Name of Employer</b> Ingram Industries	<b>Date (month, day, year)</b> 12/07/1999	<b>Amount of Each Receipt this Period</b> 2,000.00
	<b>Occupation</b> Co-President	<b>Aggregate Year-to-Date -&gt;</b> 2,000.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> Joseph LACOB 233 Winding Way Woodside, CA 94062-	<b>Name of Employer</b> Kleiner Perkins Caufield & Bye	<b>Date (month, day, year)</b> 07/06/1999	<b>Amount of Each Receipt this Period</b> 1,000.00
	<b>Occupation</b> Venture Capital Executive	<b>Aggregate Year-to-Date -&gt;</b> 1,000.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> Patricia McGrath 100 Inman Street Cambridge, MA 02139-	<b>Name of Employer</b> Charlestown Venture Partners,	<b>Date (month, day, year)</b> 12/31/1999	<b>Amount of Each Receipt this Period</b> 5,000.00
	<b>Occupation</b> Executive	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> Andrew Miller 102 Woodmont Boulevard Suite 610 Nashville, TN 37205-	<b>Name of Employer</b> Women's Health Group	<b>Date (month, day, year)</b> 10/04/1999	<b>Amount of Each Receipt this Period</b> 5,000.00
	<b>Occupation</b> President	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> Julia Morris 870 Tyne Boulevard Nashville, TN 37220-	<b>Name of Employer</b>	<b>Date (month, day, year)</b> 10/04/1999	<b>Amount of Each Receipt this Period</b> 1,000.00
	<b>Occupation</b> Homemaker	<b>Aggregate Year-to-Date -&gt;</b> 1,000.00	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional)	18,000.00
<b>TOTAL</b> This Period (last page this line number only)	

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**NAME OF COMMITTEE (In Full)**  
Volunteer PAC

<b>A. Full Name, Mailing Address and Zip Code</b> Robert Murley 994 North Meadow Lane Lake Forest, IL 60045-	<b>Name of Employer</b> Credit Suisse First Boston <b>Occupation</b> Investment Banker	<b>Date (month, day, year)</b> 10/15/1999	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Edward O'Leary 100 Inman Street Cambridge, MA 02139-	<b>Name of Employer</b> Charleston Venture Partners <b>Occupation</b> Executive	<b>Date (month, day, year)</b> 08/27/1999	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> 2,000.00		
<b>C. Full Name, Mailing Address and Zip Code</b> Edward O'Leary 100 Inman Street Cambridge, MA 02139-	<b>Name of Employer</b> Charleston Venture Partners <b>Occupation</b> Executive	<b>Date (month, day, year)</b> 12/31/1999	<b>Amount of Each Receipt this Period</b> 2,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> 4,000.00		
<b>D. Full Name, Mailing Address and Zip Code</b> Olga O'Leary 153 Spindle Hill Road Wolcott, CT 06716-1728	<b>Name of Employer</b>  <b>Occupation</b> Retired	<b>Date (month, day, year)</b> 12/17/1999	<b>Amount of Each Receipt this Period</b> 3,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Richard Bogsdale 3841 Green Hills Village Drive Suite 440 Nashville, TN 37215-	<b>Name of Employer</b> Community Health Systems, Inc. <b>Occupation</b> Executive	<b>Date (month, day, year)</b> 11/22/1999	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> 1,000.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Christine Roles 2840 Woodland Drive, NW Washington, DC 20008-	<b>Name of Employer</b>  <b>Occupation</b> Homemaker	<b>Date (month, day, year)</b> 08/27/1999	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Steven Roles 1350 34th Street, NW, Suite 800 Washington, DC 20037-	<b>Name of Employer</b> Panther Corp. <b>Occupation</b> Executive	<b>Date (month, day, year)</b> 08/27/1999	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> 5,000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)	23,000.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 Volunteer PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. B. Symer 28 Stonedage 100 Scenic Highway Lookout Mountain, TN 37350-	Retired	11/09/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Ann Siegel 767 Fifth Avenue New York, NY 10153-	Homemaker	10/28/1999	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	5,000.00	
C. Full Name, Mailing Address and Zip Code Harbert Siegel 767 Fifth Avenue New York, NY 10153-	CEO	10/28/1999	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	5,000.00	
D. Full Name, Mailing Address and Zip Code John Thornton 633 Chestnut Street Chattanooga, TN 37450-	President	11/09/1999	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	5,000.00	
E. Full Name, Mailing Address and Zip Code Ted Welch 109 Lynnwood Terrace Nashville, TN 37205-	Investments	12/07/1999	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,250.00	
F. Full Name, Mailing Address and Zip Code Blair Wilson 25 White Bridge Road, Suite 210 Nashville, TN 37205-	Administration	12/27/1999	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	5,000.00	
G. Full Name, Mailing Address and Zip Code David Wilson 3027 Vanderbilt Place Nashville, TN 37212-	CEO	10/04/1999	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	24,500.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 Volunteer PAC

<b>A. Full Name, Mailing Address and Zip Code</b> Mrs. David Wilson 4343 Glen Eden Drive Nashville, TN 37205- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> _____ <b>Occupation</b> Homemaker	<b>Date (month, day, year)</b> 10/20/1999	<b>Amount of Each Receipt this Period</b> 1,000.00  <b>Aggregate Year-to-Date -&gt;</b> 1,000.00
	<b>B. Full Name, Mailing Address and Zip Code</b> _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>C. Full Name, Mailing Address and Zip Code</b> _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Name of Employer</b> _____ <b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> / / <b>Amount of Each Receipt this Period</b>
<b>D. Full Name, Mailing Address and Zip Code</b> _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Name of Employer</b> _____ <b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> / / <b>Amount of Each Receipt this Period</b>
<b>E. Full name, Mailing Address and Zip Code</b> _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Name of Employer</b> _____ <b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> / / <b>Amount of Each Receipt this Period</b>
<b>F. Full Name, Mailing Address and Zip Code</b> _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Name of Employer</b> _____ <b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> / / <b>Amount of Each Receipt this Period</b>
<b>G. Full Name, Mailing Address and Zip Code</b> _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Name of Employer</b> _____ <b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b>	<b>Date (month, day, year)</b> / / <b>Amount of Each Receipt this Period</b>

<b>SUBTOTAL</b> of Receipts This Page (optional)	1,000.00
<b>TOTAL</b> This Period (last page this line number only)	84,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 Volunteer PAC

<b>A. Full Name, Mailing Address and Zip Code</b> Health Industry Mfg PAC Stephen J. Ubl 1200 G Street NW 400 Washington, DC 20005-3814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer _____ Occupation _____	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 1,000.00
	Aggregate Year-to-Date -> 1,000.00		
<b>B. Full Name, Mailing Address and Zip Code</b> _____ _____ _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer _____ Occupation _____	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
<b>C. Full Name, Mailing Address and Zip Code</b> _____ _____ _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer _____ Occupation _____	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
<b>D. Full Name, Mailing Address and Zip Code</b> _____ _____ _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer _____ Occupation _____	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
<b>E. Full Name, Mailing Address and Zip Code</b> _____ _____ _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer _____ Occupation _____	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
<b>F. Full Name, Mailing Address and Zip Code</b> _____ _____ _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer _____ Occupation _____	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
<b>G. Full Name, Mailing Address and Zip Code</b> _____ _____ _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer _____ Occupation _____	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		

<b>SUBTOTAL</b> of Receipts This Page (optional)	1,000.00
<b>TOTAL</b> This Period (last page this line number only)	1,000.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)**  
 Volunteer PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chris Barker 920 Woodmont Boulevard, Apt. 8-14 Nashville, TN 37204-	Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/13/1999	1,500.00
Huckaby Davis & Associates 228 South Washington Street Suite 200 Alexandria, VA 22314-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/07/1999	127.97
Huckaby Davis & Associates 228 South Washington Street Suite 200 Alexandria, VA 22314-	Consulting expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/26/1999	129.06
Kaegi Resources 142 Baltusrol Road Nashville, TN 37221-	Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/19/1999	2,000.00
Emily Reynolds 28 White Bridge Road Nashville, TN 37205-	Reimburse for Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/07/1999	70.06
Emily Reynolds 28 White Bridge Road Nashville, TN 37205-	Travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/1999	138.49
Sodexo Marriott P.O. Box 905374 Charlotte, NC 28290-	Travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/1999	2,305.64

<b>SUBTOTAL</b> of Disbursements This Page (optional)	6,271.62
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
**Volunteer PAC**

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sodexo Marriott P.O. Box 905374 Charlotte, NC 28290-	Travel expenses Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/1999	122.76
D.S. Bancorp P.O. Box 6309 Fargo, ND 58125-	Travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/1999	737.75
U.S. Bancorp P.O. Box 6309 Fargo, ND 58125-	Travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/1999	519.58
U. S. Senate Gift Shop U. S. Senate Washington, DC 20510-	Gifts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/1999	500.00
University of Memphis 330 Deloach Street Memphis, TN 38152-	Office misc. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/1999	540.00
		/ /	
		/ /	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	2,420.09
<b>TOTAL</b> This Period (last page this line number only)	8,691.51

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

See separate schedule(s) for each category of the detailed summary page	PAGE	OF
	1	1
FOR LINE NUMBER		
23		

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

**NAME OF COMMITTEE (In Full)**  
 Volunteer PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Abraham Senate 2000 900 2nd Street NE Suite 114 Washington, DC 20002-	Political contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/08/1999	4,000.00
Abraham Senate 2000 900 2nd Street NE Suite 114 Washington, DC 20002-	Political contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/08/1999	4,000.00
Alexander For President 2000 Glen Echo Road Suite 107 Nashville, TN 37215-	Political contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/20/1999	4,000.00
Ashcroft 2000 8229 Clayton Road Suite 200 St. Louis, MO 63117-	Political contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/06/1999	4,000.00
Ashcroft 2000 8229 Clayton Road Suite 200 St. Louis, MO 63117-	Political contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/06/1999	4,000.00
Ensign for Senate 3310 South Jones Suite E Las Vegas, NV 89146-	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/15/1999	5,000.00
Ensign for Senate 3310 South Jones Suite E Las Vegas, NV 89146-	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/15/1999	5,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	30,000.00
<b>TOTAL</b> This Period (last page this line number only)	30,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Volunteer PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vitas Healthcare  Ms. Vicki Hart 901 15th Street, N.W. Washington, DC 20005-	Refund of corporate contribution  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/1999	5,000.00
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)	/ /	
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)	/ /	
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)	/ /	
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)	/ /	
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)	/ /	
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)	/ /	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	5,000.00
<b>TOTAL</b> This Period (last page this line number only)	5,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
29		

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**NAME OF COMMITTEE (In Full)**  
 Volunteer PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Tennessee Federation Of Republican Women  872 High Point Ridge Road  Franklin, TN 37069-		09/28/1999	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	1,000.00
<b>TOTAL</b> This Period (last page this line number only)	1,000.00

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 1/31/00
<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	

*SK*  
PREPARER

*2/8/00*  
DATE PREPARED