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)
C00110577
Max A. Roesler

ADDRESS (number and street) ☐ Check if different than previously reported
Lincoln National Corporation Political Action Committee
1300 South Clinton Street, P.O. Box 7813

CITY, STATE and ZIP CODE
Fort Wayne, IN 46801

2. FEC IDENTIFICATION NUMBER
C00110577

3. ☐ This committee qualifies 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

☐ 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 01/01/93 through 03/31/93		
6.	(a) Cash on Hand January 1, 19 93		$ 8,211.42
	(b) Cash on Hand at Beginning of Reporting Period	$ 8,211.42	
	(c) Total Receipts (from Line 19)	$ 9,014.15	$ 9,014.15
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$17,225.57	$17,225.57
7.	Total Disbursements (from Line 30)	$ 5,941.90	$ 5,941.90
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11,283.67	$ 11,283.67
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
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202 219-3420

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

Type or Print Name of ~~Treasurer~~ Assistant Treasurer
Walter W. Bonham, Jr.

Signature of ~~Treasurer~~ Assistant Treasurer
Walter W. Bonham, Jr.

Date 4/2/93

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 11-91)

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

Revised 1/91

NAME OF COMMITTEE: C00110577
Lincoln National Corporation Political Acting Committee

REPORT COVERING PERIOD FROM: 01/01/93 TO: 03/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
Itemized (use Schedule A)	4,709.80	4,709.80
i. Unitemized	4,273.23	4,273.23
ii. Total (add i and ii) ➤	8,983.03	8,983.03
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a, ii, b and c) ➤	8,983.03	8,983.03
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 Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	31.12	31.12
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9,014.15	9,014.15
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
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 Payment 1992 Income Tax	150.00	150.00
c. Total Operating Expenditures (add a i, a ii and b) ➤	150.00	150.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,250.00	5,250.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees Bill L. Sanders	541.90	541.90
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	541.90	541.90
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,941.90	5,941.90
31. Total Federal Disbursements (subtract line 21a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21a ii and 21b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

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)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert A. Anker 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify)	Lincoln National Corporation Occupation: President & Chief Operating Officer Aggregate Year-to-Date > $	01/08/93 01/22/93 02/05/93 02/19/93	81.73 88.46 88.46 88.46
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $ 524.03	03/05/93 03/19/93	88.46 88.46
C. Marcia L. Dumond 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify)	Lincoln National Corporation Occupation: Vice President Aggregate Year-to-Date > $	01/08/93 01/22/93 02/05/93 02/19/93	39.23 41.15 41.15 41.15
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $ 244.98	03/05/93 03/19/93	41.15 41.15
E. Peter Kenneth Dunsire 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify)	Lincoln National Corporation Occupation: Executive Vice President Aggregate Year-to-Date > $	01/08/93 01/22/93 02/05/93 02/19/93	144.23 153.85 153.85 153.85
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $ 913.48	03/05/93 03/19/93	153.85 153.85
G. Ian McKenzie Rolland 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify)	Lincoln National Corporation Occupation: COB & CEO Aggregate Year-to-Date > $	01/08/93 01/22/93 02/05/93 02/19/93	154.39 154/39 154.39 154.39

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

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

1 5 3 3 8 3 3 0 1 7

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ian McKenzie Rolland - Continued Receipt For: Primary / General / Other (specify):	Occupation Aggregate Year-to-Date > $ 926.34	03/05/93 03/19/93	154.39 154.39
B. Richard Charles Vaughan 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify):	Name of Employer: Lincoln National Corporation Occupation: Senior Vice President Aggregate Year-to-Date > $	01/08/93 01/22/93 02/05/93 02/19/93	40.38 44.23 44.23 44.23
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 261.53	03/05/93 03/19/93	44.23 44.23
D. Bill L. Sanders 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify):	Name of Employer: Lincoln National Life Insurance Company Occupation: Undefined Aggregate Year-to-Date > $	01/08/93 01/22/93 02/05/93 02/19/93	240.38 240.38 240.38 240.38
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $1,201.90	03/05/93	240.38
F. Stephen Hinsdale Lewis 1801 South Meyers Road Oakbrook Terrace, IL 60181 Receipt For: Primary / General / Other (specify):	Name of Employer: First Penn Pacific Life Insurance Company Occupation: President Aggregate Year-to-Date > $	01/08/93 01/22/93 02/05/93 02/19/93	37.50 41.35 41.35 41.35
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $244.25	03/05/93 03/19/93	41.35 41.35

SUBTOTAL of Receipts This Page (optional) >

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 3

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jon A. Boscia 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify):	Lincoln National Investment Management Company President Aggregate Year-to-Date > $	01/08/93 01/22/93 02/05/93 02/19/93	61.54 66.35 66.35 66.33
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 393.29	03/05/93 03/19/93	66.35 66.33
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) . . . . . > 4,709.80

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules 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)

Lincoln National Corporation Political Action Committee C00110577

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Fort Wayne National Bank 110 West Berry Street Fort Wayne, IN 46802	1992 Taxes Disbursement for: [ ] Primary [ ] General [X] Other (specify) 1992 Taxes	03/11/93	150.00
B. 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
C. 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
D. 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
E. 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
F. 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
G. 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
H. 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
I. 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

SUBTOTAL of Disbursements This Page (optional)	150.00
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 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code The Friends of Dick Lugar 8465 Keystone Crossing, Suite 200 Indianapolis, IN 46240	US Senate - Indiana Disbursement for: ___ Primary X General ___ Other (specify)	03/16/93	250.00
B. Full Name, Mailing Address and ZIP Code LifePac American Council of Life Insurance 1001 Pennsylvania Avenue, N.W. Washington, DC 20004-2599	Political Contribution Disbursement for: ___ Primary X General ___ Other (specify)	03/24/93	5,000.00
C. 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
D. 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
E. 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
F. 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
G. 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
H. 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
I. 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

SUBTOTAL of Disbursements This Page (optional) 5,250.00

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

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
☑	Registered/Certified Mail	POSTMARKED 4-1-93
☐	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

J.L.G.
PREPARER

4-5-93
DATE PREPARED

FEC FORM 70-2 (1/92)