For Other Than Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AutoZone Inc. Committee for Responsible Government

ADDRESS (number and street) Check if different than previously reported
3030 Poplar Ave. Po Box 2198

CITY STATE and ZIP CODE
Memphis TN 38101

2. FEC IDENTIFICATION NUMBER
C00233056

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

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20	June 20	October 20
March 20	X 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

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SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period July 1 1993 through June 30 1993			
6. (a) Cash			$ 12,253.08
(b) Cash		$ 15,272.78	
(c) Total		$ 1,002.94	$ 6,022.64
(d) Subt			
Lines		$ 16,275.72	$ 18,275.72
7. Total Disbur		$ 250.00	$ 2,250.00
8. Cash on Ha	(d)	$ 16,025.72	$ 16,025.72
9. Debts and C (Itemize all c		$ Ø	
10. Debts and C (Itemize all c		$ Ø	

I certify that I ... and complete ... ledge and belief it is true, correct

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

Type or Print Name
DENNIS ROBERTS SEP 28 1993

Signature of Treasurer
Dennis Roberts

Date
7-20-93

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

FEC FORM 3X
(Revised 1/91)

93038594059

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 11

NAME OF COMMITTEE: AutoZone Inc. Committee for Responsible Gov't.

REPORT COVERING PERIOD FROM June 1, 93 TO June 30, 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	100.00	290.00
ii. Unitemized	902.94	5731.70
iii. Total (add i and ii) ➤	1002.94	6022.64
b. Political Party Committees	[illegible]	[illegible]
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	1002.94	6022.64
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.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1002.94	6022.64
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		
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	250.00	3,250.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤	Ø	1,000.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	250.00	3,250.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	250.00	3,250.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1002.94	6022.64
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	1002.94	6022.64
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. [illegible] ➤		

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SCHEDULE A — ITEMIZED RECEIPTS

Enter each category on the Detailed Summary Page — FOR LINE NUMBER

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)

AutoZone Inc. Committee for Responsible Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Haverman 106 Perkins Rd. Memphis, Tn. 38117	AutoZone	Bi-Weekly Payroll Deduction	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Exec. Vice Pres.		$20.00 per pay period
	Aggregate Year-to-Date > $ 360		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas Wantinger 5400 Park Ave. Memphis, Tn. 38119	AutoZone	Bi-Weekly Payroll Deduction	$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Senior VP		$30.00 per pay period
	Aggregate Year-to-Date > $ 390		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $ 100.00

TOTAL This Page and Previous Pages (optional) $ 100.00

23,38540 51

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

AutoZone Inc. Committee for Responsible Government

A. Full Name, Mailing Address and ZIP Code Friends of Connie Mack Po Box 1835 Tampa, FL. 33601-1835	Purpose of Disbursement US Senate Florida Disbursement for: (X) Primary ( ) General ( ) Other (specify)	Date (month, day, year) 6-4-93	Amount of Each Disbursement This Period 250.00
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 (Disbursements This Page (optional)) 250.00

TOTAL (This Period (last page this line number only)) 250.00

93038534062

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 8/20/93
☐	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

PREPARER

8/25/93
DATE PREPARED

FEC FORM 70-2 (12/92)

93 3 8 5 3 1 0 5 3