

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC - 11 P 2: 36

1. NAME OF COMMITTEE (In full) Volunteer PAC ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 2000 Glen Echo Road, Suite 107 CITY, STATE and ZIP CODE Nashville, TN 37215	2. FEC IDENTIFICATION NUMBER C00341743 3. <input checked="" type="checkbox"/> 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

12 Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election on

11/07/2000 in the State of TN

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>		
6. (a) Cash on Hand January 1, 20 <u>00</u>		\$161,093.53
(b) Cash on Hand at Beginning of Reporting Period	\$60,827.84	
(c) Total Receipts (from Line 19)	\$34,700.00	\$122,785.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$95,527.84	\$283,878.53
7. Total Disbursements (from Line 30)	\$89,478.25	\$277,020.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$6,051.59	\$6,051.59
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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

Linus D. Catignani

Signature of Treasurer

Linus D. Catignani

Date

12/7/00

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

--	--	--	--	--	--	--	--

FEC FORM 3X
(Revised 9/99)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Volunteer PAC	REPORT COVERING PERIOD FROM 10/19/2000 TO: 11/27/2000	
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)	\$5,500.00	\$43,400.00 11(a)(i)
ii. Unitemized	\$200.00	\$400.00 11(a)(ii)
iii. Total (add i and ii)	\$5,700.00	\$43,800.00 11(a)(iii)
b. Political Party Committees	\$0.00	\$0.00 11(b)
c. Other Political Committees (such as PACs)	\$27,000.00	\$74,500.00 11(c)
d. Total Contributions (add a iii, b and c)	\$32,700.00	\$118,300.00 11(d)
12. Transfers From Affiliated/Other Party Committees	\$0.00	\$0.00 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.)	\$1,500.00	\$3,985.00 15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	\$500.00	\$500.00 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)	\$34,700.00	\$122,785.00 19
20. Total Federal Receipts (subtract line 18 from line 19)	\$34,700.00	\$122,785.00 20
II. DISBURSEMENTS		
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	\$976.25	\$89,387.84 21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	\$976.25	\$89,387.84 21(c)
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00 22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$13,500.00	\$73,000.00 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	\$75,000.00	\$135,439.00 29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$89,476.25	\$277,826.84 30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$89,476.25	\$277,826.84 31
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	\$32,700.00	\$118,300.00 32
33. Total Contribution Refunds (from line 28d)	\$0.00	\$0.00 33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$32,700.00	\$118,300.00 34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$976.25	\$89,387.84 35
36. Offsets to Operating Expenditures (from line 15)	\$1,500.00	\$3,985.00 36
37. Net Operating Expenditures (subtract line 36 from 35)	\$-523.75	\$85,402.84 37

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solliciting 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

A. Full Name, Mailing Address and Zip Code	Name of Employer Information requested	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James P. Earle, III 1002 E Northfield Boulevard Forest Oaks Memphis, TN 37130-1256	Occupation	11/03/2000	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer Information requested	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Sydney F. Kenble, Jr. 4400 Harding Pike Suite 704 Nashville, TN 37205-5214	Occupation	10/31/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Emily Smith 1167 Moran Road Franklin, TN 37069-	Occupation Homemaker	10/27/2000	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	
D. Full Name, Mailing Address and Zip Code	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 ->		
E. Full Name, Mailing Address and Zip Code	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 ->		
F. Full Name, Mailing Address and Zip Code	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 ->		
G. Full Name, Mailing Address and Zip Code	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 ->		

SUBTOTAL of Receipts This Page (optional)	\$5,500.00
TOTAL This Period (Last page this line number only)	\$5,500.00

SCHEDULE A

ITEMIZED RECEIPTS

See instructions on Schedule A (a) for more details of the detailed Summary Page

Any information copied from press releases and statements may not be valid or used by any person for the purpose of soliciting contributions or for general purposes, other than using the name and address of any political committee to solicit contributions from such persons.

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
AT&T PAC 42 Avenue of the Americas New York, NY 10013- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		10/19/2000	2,000.00
		Occupation	
		Aggregate Year-to-Date ->	2,000.00
B. Full Name, Mailing Address and Zip Code American Benefits Council PAC Mr. James A. Klein 1212 New York Avenue, NW Washington, DC 20005-3987 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/27/2000	500.00
		Occupation	
		Aggregate Year-to-Date ->	500.00
C. Full Name, Mailing Address and Zip Code American Health Care PAC 1201 L Street, N.W. Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/31/2000	1,000.00
		Occupation	
		Aggregate Year-to-Date ->	1,000.00
D. Full Name, Mailing Address and Zip Code American Hospital Association PAC Mr. Michael Rock 325 Seventh Street, NW Washington, DC 20004- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/31/2000	1,000.00
		Occupation	
		Aggregate Year-to-Date ->	1,000.00
E. Full Name, Mailing Address and Zip Code ComPAC Mr. William C. Mattox Mutual of Omaha Plaza Omaha, NE 68175- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/27/2000	1,000.00
		Occupation	
		Aggregate Year-to-Date ->	1,000.00
F. Full Name, Mailing Address and Zip Code Ernst & Young PAC K. C. Yezhovitch 1225 Connecticut Avenue, NW Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		10/27/2000	2,500.00
		Occupation	
		Aggregate Year-to-Date ->	2,500.00
G. Full Name, Mailing Address and Zip Code Prist 2000 2000 Glen Echo Road Suite 107 Nashville, TN 37215- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		11/06/2000	5,000.00
		Occupation	
		Aggregate Year-to-Date ->	5,000.00

SUBTOTAL of Receipts This Page (optional)	\$13,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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			
A. Full Name, Mailing Address and Zip Code Hoffmann La Roche PAC Ms. Sara Franko 1300 I Street, NW, Suite 520 West Washington, DC 20005-3314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/06/2000 1,000.00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Premier Employee's Civic PAC Mr. Herb Kuhn 444 N Capitol Street, NW Washington, DC 20001- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/27/2000 1,000.00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Rite Aid PAC P.O. Box 3165 Harrisburg, PA 17105- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/06/2000 2,000.00	Amount of Each Receipt this Period 2,000.00
D. Full Name, Mailing Address and Zip Code Society of Thoracic Surgeons PAC Mr. Robert Wilbur 1700 19th Street, NW Washington, DC 20036-2422 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/27/2000 5,000.00	Amount of Each Receipt this Period 5,000.00
E. Full Name, Mailing Address and Zip Code Truck PAC Mr. Royal R. Roth 430 First Street, SE Washington, DC 20003- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/27/2000 2,500.00	Amount of Each Receipt this Period 2,500.00
F. Full Name, Mailing Address and Zip Code Wellpoint PAC Mr. Kristin A. Bass 1455 Pennsylvania Avenue, NW Washington, DC 20004- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/27/2000 2,500.00	Amount of Each Receipt this Period 2,500.00
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	\$14,000.00
TOTAL This Period (last page this line number only)	\$27,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code Burns for Sonate P.O. Box 1532 Billings, MT 59103-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer VOIDED CHECK</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/16/2000</p> <p>1,500.00</p>	<p>Amount of Each Receipt this Period 1,500.00</p>
<p>B. Full Name, Mailing Address and Zip Code</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 -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</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 -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</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 -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</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 -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</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 -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</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 -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$1,500.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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 laws using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Volunteer PAC

A. Full Name, Mailing Address and Zip Code Burns for Senate P.O. Box 1532 Billings, MT 59103- Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 11/06/2008 500.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	\$500.00
TOTAL This Period (last page this line number only)	\$500.00

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
National Coalition Parents 3609 Georgia Avenue, NW Washington, DC 20010-	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/19/2000	250.00
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):	11/22/2000	722.83
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

SUBTOTAL of Disbursements This Page (optional)	\$972.83
TOTAL This Period (last page this line number only)	\$972.83

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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 campaign 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
Shelley Capito for Congress 902 Virginia Street E Charleston, WV 25301-	Political contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/2000	2,000.00
Franko For Senate Attn: Charlie Smith 310 Westfield Avenue Roselle Park, NJ 07204	Political contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/2000	2,500.00
Gordon for Senate 70006 SE 16th Street Bellevue, WA 98004-	Political contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/25/2000	5,000.00
McCullum for Senate 1212 New York Avenue, NW Suite 350 Washington, DC 20005-	Political contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/30/2000	3,000.00
Heather Wilson For Congress P.O. Box 14070 Albuquerque, NM 87191-4070	Political contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/02/2000	1,000.00
		/ /	
		/ /	

SUBTOTAL of Disbursements This Page (optional)	\$13,500.00
TOTAL This Period (last page this line number only)	\$13,500.00

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 Tennessee Republican Party 2000 Glen Echo Road Kashville, TN 37215-	Purpose of Disbursement Transfer of surplus funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/27/2000	Amount of Each Disbursement This Period 75,000.00
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):	Date (month, day, year) / /	Amount of Each Disbursement This Period
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
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
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
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
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)	\$75,000.00
TOTAL This Period (last page this line number only)	\$75,000.00

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 (R/C) 12/7/00
<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	
<u>CP</u>	12/7/00
PREPARER	DATE PREPARED