

SECRETARY OF THE SENATE
VOLUNTEER PAC 99 AUG 10 AM 9:32

H. O.

August 5, 1999

Ms. Kelly McCarthy
Secretary of the Senate
232 Hart Senate Office
Washington, DC 20510

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION
AUG 10 12 33 PM '99

Dear Kelli,

Enclosed please find an amendment to the 1998 year-end FEC report for Volunteer PAC (FEC ID# C00341743).

We received a contribution for \$5,000, reported on our original 1998 year-end filing, which we believed to be from Vitas Healthcare PAC. We have just learned that this contribution was actually from the Vitas Healthcare company, not from their PAC. Upon learning this information, we immediately issued a full refund to Vitas Healthcare for \$5,000. This refund check, dated July 20, 1999, will be reported on our 1999 year-end FEC report.

The enclosed amendment moves the Vitas Healthcare contribution from Line 11c to Line 11a, and changes the totals on the Detailed Summary Page accordingly. We have also included a copy of the refund check issued to Vitas Healthcare.

Thank you for your attention to this matter.

Sincerely yours,


Louis D. Catignani, Treasurer
Volunteer PAC

Cc: Vicki Hart - Vitas Healthcare

1058

VOLUNTEER P A C
A Qualified Multi Candidate PAC

4209 Hillsboro Pike Ste 306
Nashville, TN 37215

87-49940
BRANCH 2151

DATE 7.20.99 \$ 5000.00

PAY TO THE ORDER OF

Vitas Healthcare

SUNTRUST

SUNTRUST BANK, NASHVILLE, N.A.
Nashville, Tennessee 37203

Five Thousand 00/100 DOLLARS

FOR Regard Contribution

⑈001058⑈ ⑆064000046⑆ 7020625344⑈

[Signature]

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION
RECEIVED
SECRETARY OF THE SENATE

AUG 10 12 33 PM '99
99 AUG 10 AM 9:38
HAND DELIVERED

1. NAME OF COMMITTEE (In full)
Volunteer PAC

ADDRESS (number and street) Check if different than previously reported.
4205 Hillsboro Road, Suite 306

CITY, STATE and ZIP CODE
Nashville, TN 37215

2. FEC IDENTIFICATION NUMBER
C00341743

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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	06/30/98 through 12/31/98		
6. (a) Cash on Hand January 1, 19 98			\$0.00
(b) Cash on Hand at Beginning of Reporting Period		\$0.00	
(c) Total Receipts (from Line 1B)		\$62500.00	\$62500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$62500.00	\$62500.00
7. Total Disbursements (from Line 3D)		\$0.00	\$0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$62500.00	\$62500.00

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
Linus D. Cagniani

Signature of Treasurer *Linus D. Cagniani* Date 8/5/99

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

**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 06/30/98 TO: 12/31/98		
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)		\$62500.00	\$62500.00	11(a)(i)
ii. Unitemized		\$0.00	\$0.00	11(a)(ii)
iii. Total (add i and ii)		\$62500.00	\$62500.00	11(a)(iii)
b. Political Party Committees		\$0.00	\$0.00	11(b)
c. Other Political Committees (such as PACs)		\$0.00	\$0.00	11(c)
d. Total Contributions (add a iii, b and c)		\$62500.00	\$62500.00	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.)		\$0.00	\$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		\$0.00	\$0.00	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)		\$62500.00	\$62500.00	19
20. Total Federal Receipts (subtract line 18 from line 19)		\$62500.00	\$62500.00	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		\$0.00	\$0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)		\$0.00	\$0.00	21(c)
22. Transfers to Affiliated/Other Party Committees		\$0.00	\$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees		\$0.00	\$0.00	23
24. Independent Expenditures (use Schedule E)		\$0.00	\$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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		\$0.00	\$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		\$0.00	\$0.00	30
31. Total Federal Disbursements (subtract line 21 a iii from line 30)		\$0.00	\$0.00	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		\$62500.00	\$62500.00	32
33. Total Contribution Refunds (from line 28d)		\$0.00	\$0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		\$62500.00	\$62500.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		\$0.00	\$0.00	35
36. Offsets to Operating Expenditures (from line 15)		\$0.00	\$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)		\$0.00	\$0.00	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 collecting 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 James Ayers P.O. Box 217 Parsons, TN 38363-	Name of Employer American Health/First Bank Occupation Executive	Date (month, day, year) 11/28/98	Amount of Each Receipt this Period \$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5000.00		
B. Full Name, Mailing Address and Zip Code Sharon Ayers P.O. Box 217 Parsons, TN 38363-	Name of Employer Occupation Homemaker	Date (month, day, year) 11/28/98	Amount of Each Receipt this Period \$3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$3000.00		
C. Full Name, Mailing Address and Zip Code Barry Banker 1033 Chancery Lane Nashville, TN 37215-	Name of Employer Stewart Home School, Inc. Occupation President	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period \$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5000.00		
D. Full Name, Mailing Address and Zip Code Monroe Carell 614 Lynwood Boulevard Nashville, TN 37205-	Name of Employer Central Parking System Occupation OS	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period \$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5000.00		
E. Full Name, Mailing Address and Zip Code Charlotte Cone 825 North Curtiswood Nashville, TN 37204-	Name of Employer Occupation Homemaker	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period \$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5000.00		
F. Full Name, Mailing Address and Zip Code Tom Cone 825 N. Curtiswood Lane Nashville, TN 37204-	Name of Employer Cone Oil Occupation CEO	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period \$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5000.00		
G. Full Name, Mailing Address and Zip Code Mary Ann Conner 2151 Mission Ridge Road Santa Barbara, CA 93103-1750	Name of Employer Occupation Homemaker	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period \$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5000.00		

SUBTOTAL of Receipts This Page (optional)	\$33000.00
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 Robert Dale 1414 Chickering Road Nashville, TN 37215-	Name of Employer Windy Hill Pet Food Company	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period \$2000.00
	Occupation President	Aggregate Year-to-Date -> \$2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code James Haslam, III P.O. Box 10146 Knoxville, TN 37938-0146	Name of Employer Pilot Oil	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period \$5000.00
	Occupation Executive	Aggregate Year-to-Date -> \$5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code J. R. Hyde 6075 Poplar Avenue, Suite 335 Memphis, TN 38119-	Name of Employer Autozone	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period \$5000.00
	Occupation Former president	Aggregate Year-to-Date -> \$5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code Patricia McGrath 100 Inman Street Cambridge, MA 02139-	Name of Employer Charlestown Venture Partners,	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period \$2000.00
	Occupation Executive	Aggregate Year-to-Date -> \$2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code Edward O'Leary 100 Inman Street Cambridge, MA 02139-	Name of Employer Charleston Venture Partners	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period \$2000.00
	Occupation Executive	Aggregate Year-to-Date -> \$2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code Scott Erbasco 100 Scenic Highway Lookout Mountain, TN 37350-	Name of Employer American National Bank	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period \$5000.00
	Occupation Chairman	Aggregate Year-to-Date -> \$5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Richard Ragsdale 2341 Green Hills Village Drive Suite 440 Nashville, TN 37215-	Name of Employer Community Health Systems, Inc.	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period \$1000.00
	Occupation Executive	Aggregate Year-to-Date -> \$1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	\$22000.00
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 S. B. Rymer 28 Stonedge 100 Scenic Highway Lookout Mountain, TN 37350-	Name of Employer _____ _____	Date (month, day, year) 12/31/98	Amount of Each Receipt this Period \$2500.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date -> \$2500.00		
B. Full Name, Mailing Address and Zip Code Vitas Healthcare Ms. Vicki Hart 901 15th Street, N.W. Washington, DC 20005-	Name of Employer _____ _____	Date (month, day, year) 12/26/98	Amount of Each Receipt this Period \$5000.00
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date -> \$5000.00		
C. 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 -> _____		
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)	\$7500.00
TOTAL This Period (last page this line number only)	\$62500.00

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 8-6-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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 checked="" type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt 8-10-99
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	8-10-99 DATE PREPARED