REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM
MAY 25 11 24 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. BOX 405

CITY, STATE and ZIP CODE
DIBOLL, TX 75941

2. FEC IDENTIFICATION NUMBER
C00080721

3. [X] This committee has 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
[X] 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 _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4-01-99 through 4-30-99		
6. (a) Cash on Hand January 1, 19 99		$ 99,820.77
(b) Cash on Hand at Beginning of Reporting Period	$ 114,624.56	
(c) Total Receipts (from Line 19)	$ 3,185.93	$ 37,954.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 117,810.49	$137,775.73
7. Total Disbursements (from Line 30)	$ 5,000.00	$ 24,965.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 112,810.49	$112,810.49
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: Ryan R. Sorrell

Signature of Treasurer: Ryan R Sorrell

Date: 5/20/99

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 9/93)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

REPORT COVERING 3 PERIOD FROM 4-01-99 TO: 4-30-99

I.Receipts	COLUMN A TotalThisPeriod	COLUMN B CalendarYear	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	830.00	16,348.17	11(a)(i)
ii. Unitemized	2,224.32	21,050.88	11(a)(ii)
iii. Total (add i and ii) ➤	3,054.32	37,399.05	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	3,054.32	37,399.05	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.)	131.61	555.91	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,185.93	37,954.96	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,185.93	37,954.96	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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	13,500.00	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			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) ➤			28(d)
29. Other Disbursements		11,465.24	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,000.00	24,965.24	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,000.00	24,965.24	31
III.NetContributions/OperatingExpenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)	3,054.32	37,399.05	33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	3,054.32	37,399.05	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)i

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NAME OF COMMITTEE (In Full)
Committee for Responsible Government of Temple-Inland Inc.

A. Full Name, Mailing Address and ZIP Code Broader, Stephen P.O. Box 816 Silsbee, TX 77656	Name of Employer Inland Eastex Silsbee, TX 77656	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Manager Aggregate Year-to-Date > $ 240.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify):	Occupation 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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 10
	FOR LINE NUMBER 11(a)i

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NAME OF COMMITTEE (in Full)
COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Grum, Clifford P.O. Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Executive Aggregate Year-to-Date > $ 1,538.40		
B. Jastrow, Kenneth P.O. Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Executive Aggregate Year-to-Date > $ 1,538.40		
C. Maxwell, Harold P.O.Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Executive Aggregate Year-to-Date > $ 1000.00		
D. Dolben, David P.O. Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Executive Aggregate Year-to-Date > $ 320.00		
E. O'Neal, Leslie P.O. Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Executive Aggregate Year-to-Date > $ 261.52		
F. Kelly, Ronald P.O. Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Manager Aggregate Year-to-Date > $ 400.00		
G. Owens, Bruce P.O. Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Manager Aggregate Year-to-Date > $ 220.00		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 10

FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)
COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
McClain, John P.O. Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Executive Aggregate Year-to-Date > $ 360.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kellam, David P.O. Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Executive Aggregate Year-to-Date > $ 440.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sweeny, Jack P.O.Drawer N Diboll, TX 75941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Temple-Inland Diboll, TX Occupation: Executive Aggregate Year-to-Date > $ 320.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

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NAME OF COMMITTEE (In Full)
COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Howes, William 4030 Vincennes Road Indianapolis, IN 46268 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Inland Paperboard & Packaging Indianapolis, IN Occupation: Executive Aggregate Year-to-Date > $ 400.00	04/15/99	100.00
B. Stone, Robert 4030 Vincennes Road Indianapolis, IN 46266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Inland Paperboard & Packaging Indianapolis, IN Occupation: Manager Aggregate Year-to-Date > $ 260.00	4/15/99	65.00
C. Turk, Joseph 4030 Vincennes Road Indianapolis, IN 46268 Receipt For: Primary General Other (specify):	Inland Paperboard & Packaging Indianapolis, IN Occupation: Executive Aggregate Year-to-Date > $ 400.00	04/15/99	100.00
D. Toschik, Edward 4030 Vincennes Road Indianapolis, IN 46268 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Inland Paperboard & Packaging Indianapolis, IN Occupation: Manager Aggregate Year-to-Date > $ 260.00	04/15/99	65.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) .....

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NAME OF COMMITTEE (In Full)
COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stuart, John 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Banc Dallas, Tx Occupation: Executive Aggregate Year-to-Date > $		1,650.00
B. Levy, Randall 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Guaranty Federal Bank Dallas, TX Occupation: Executive Aggregate Year-to-Date > $		2,083.30
C. Fernandez, Charles 8333 Douglas Dallas, TX 75225 Receipt For: Primary General Other (specify):	Name of Employer: Guaranty Federal Bank Dallas, TX Occupation: Executive Aggregate Year-to-Date > $		750.00
D. Etheredge, Charles 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $		625.00
E. Cornwall, Michael 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $		600.00
F. Ludman, James 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $		300.00
G. Smith, Scott 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $		350.00

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 10
	FOR LINE NUMBER 11(a)I

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NAME OF COMMITTEE (In Full)
COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Siegel, Edward 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, Tx Occupation: Manager Aggregate Year-to-Date > $ 250.00		
B. Stone, Robert 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $ 250.00		
C. Talkington, Robert 8333 Douglas Dallas, TX 75225 Receipt For: Primary General Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Executive Aggregate Year-to-Date > $ 500.00		
D. Jackson, Gregory 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $ 300.00		
E. Greenwood, Robert 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $ 400.00		
F. Yenne, Thomas 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $ 300.00		
G. Hanes, C.M. 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $ 250.00		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

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NAME OF COMMITTEE (in Full)
COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Saxton, James 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, Tx Occupation: Manager Aggregate Year-to-Date > $ 250.00		
B. Finnell, Martin 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $ 250.00		
C. McNeill, Patricia 8333 Douglas Dallas, TX 75225 Receipt For: Primary General Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $ 250.00		
D. Murff, Ronald 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $ 300.00		
E. Lewis, Anita 8333 Douglas Dallas, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Guaranty Federal Bank Dallas, TX Occupation: Manager Aggregate Year-to-Date > $ 360.00		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) .....

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

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FOR LINE NUMBER 11(a)i

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COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

A. Full Name, Mailing Address and ZIP Code Barry, Dennis 1300 S. Mopac Austin, TX 78746	Name of Employer Temple-Inland Mortgage Austin, TX	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > $	600.00	
B. Full Name, Mailing Address and ZIP Code Magel, Richard 1300 S. Mopac Austin, TX 78746	Name of Employer Temple-Inland Mortgage Austin, Tx	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > $	300.00	
C. Full Name, Mailing Address and ZIP Code Farr, Joe 1300 S. Mopac Austin, TX 78746	Name of Employer Temple-Inland Mortgage Austin, TX	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify):	Occupation Executive		
	Aggregate Year-to-Date > $	450.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)i

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NAME OF COMMITTEE (in Full)
COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Elkouri, Brian 1300 S. Mopac Austin, TX 78746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Timberline Insurance Austin, TX Occupation: Manager Aggregate Year-to-Date > $ 400.00	04/15/99	100.00
B. Dillard, Lonnie 1300 S. Mopac Austin, TX 78746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Timberline Insurance Austin, Tx Occupation: Manager Aggregate Year-to-Date > $ 400.00	4/15/99	100.00
C. Shults, Harold 1300 S. Mopac Austin, TX 78746 Receipt For: Primary General Other (specify):	Name of Employer: Timberline Insurance Austin, TX Occupation: Manager Aggregate Year-to-Date > $ 400.00	04/15/99	100.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) .....

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)I

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NAME OF COMMITTEE (In Full)
COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Knight, Craig 901 Congress, 15th Floor Austin, TX 78701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lumbermen's Investment Corp. Austin, TX Occupation: Executive Aggregate Year-to-Date > $ 600.00	04/15/99	200.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $		
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)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Interest Income		4/30/99	131.61
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 555.91		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	131.61

FE7AN047

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)

COMMITTEE FOR RESPONSIBLE GOVERNMENT OF TEMPLE-INLAND INC.

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Pete Sessions for Congress P.O. Box 36585 Dallas, TX 75238	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/07/99	5,000.00
B.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	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)	
TOTAL This Period (last page this line number only)	5,000.00

FE7AN047

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 5-20-99
☐	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
☐	Electronic Filing	

JMP — PREPARER

5-25-99 — DATE PREPARED

(4/98)