

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FILED
FEB 4 3 35 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (Full) Republican Fund for the 90's	2. FEC IDENTIFICATION NUMBER C00281923
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 511 Unions Street	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Nashville, Tennessee 37219	

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 _____

(c) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c) Total Receipts (from Line 19)	\$ 150,207.31	\$ 150,207.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 150,207.31	\$ 150,207.31
7. Total Disbursements (from Line 30)	\$ 90,191.14	\$ 90,191.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 60,016.17	\$ 60,016.17
9. Debts and Obligations Owed TO 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 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

A. B. Galvanhouse

Signature of Treasurer

[Handwritten Signature] Treasurer

Date

1/31/94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE Republican Fund for the 90's		REPORT COVERING PERIOD FROM 7/1/93 TO: 12/31/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
1	Contributions (other than loans) from:		
a	Individuals/Persons Other Than Political Committees		
i	Itemized (use Schedule A)	94,300.00	94,300.00
ii	Unitemized	53,367.09	53,367.09
iii	Total	147,667.09	147,667.09
b	Political Party Committees		
c	Other Political Committees (such as PACs)	2,500.00	2,500.00
d	Total Contributions	150,167.09	150,167.09
2	Transfers From Affiliated/Other Party Committees		
3	All Loans Received		
4	Loan Repayments Received		
5	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
6	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
7	Other Federal Receipts (Dividends, Interest, etc.)	40.22	40.22
8	Transfers from Nonfederal Account for Joint Activity		
9	Total Receipts	150,207.31	150,207.31
10	Total Federal Receipts	150,207.31	150,207.31
II. Disbursements			
2	Operating Expenditures:		
a	Shared Federal/Non-Federal Activity (from Schedule H4)		
i	Federal Share		
ii	Non-Federal Share		
b	Other Federal Operating Expenditures	84,691.14	84,691.14
c	Total Operating Expenditures	84,691.14	84,691.14
21	Transfers to Affiliated/Other Party Committees		
22	Contributions to Federal Candidates/Committees and Other Political Committees	5,500.00	5,500.00
23	Independent Expenditures (use Schedule E)		
24	Coordinated Expenditures Made by Party Committees [2 U.S.C. 441 a(d)] (use Schedule F) ..		
25	Loan Repayments Made		
26	Loans Made		
27	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		
28	Other Disbursements		
29	Total Disbursements	90,191.14	90,191.14
30	Total Federal Disbursements	90,191.14	90,191.14
III. Net Contributions/Operating Expenditures			
31	Total Contributions (other than loans) (from line 11d)	150,167.09	150,167.09
32	Total Contribution Refunds (from line 28d)		
33	Net Contributions (other than loans) (subtract line 32 from 31)	150,167.09	150,167.09
34	Total Federal Operating Expenditures	84,691.14	84,691.14
35	Offsets to Operating Expenditures (from line 15)		
36	Net Operating Expenditures	84,691.14	84,691.14

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11a(f)

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)
Republican Fund for the 90's

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Lamar Alexander 208 Craighead Nashville, TN 37205	RESN Chairman	8/25/93	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dr. Allen F. Anderson 1333 Chickering Road Nashville, TN 37215	Self Physician	12/9/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Adam T. Benson 1544 Henry Clay Ave. New Orleans, LA 70118	Info Requested	9/22/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. James T. Beckner 410 Royal Oaks Drive Nashville, TN 37205	Baker Worthington Attorney	11/8/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Mary O. Bush Box 1046 Eobe Sound, FL 33475	Info Requested	9/22/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. William M. Conley 1624 Riverside Drive Knoxville, TN 37915	Regal Corporation CEO	9/28/93	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Marcus Contreras PO Box 4128 Carlsbad, CA 92018	Info Requested	11/26/93	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) _____

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)
Republican Fund for the 90's

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. C.A. Craig, II 95 White Bridge Road, #302-A Nashville, TN 37205	Info Requested	10/21/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Info Requested		
	Aggregate Year-to-Date > \$250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. N.E. Crain 5521 Greenville Dallas, TX 75205	Crain Enterprises	12/8/93	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$5,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Joe J. Davenport, III 735 Broad St., #100B Chattanooga, TN 37402	Painter Management Company	11/12/93	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Davila 7515 Newberg Drive Lanham, MD 20706	Info Requested	9/24/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Info Requested		
	Aggregate Year-to-Date > \$250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Carol Elam 2402 Crestmoor Road Nashville, TN 37215	Career/Life Planning	11/17/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Career Counselor		
	Aggregate Year-to-Date > \$250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Donald T. Ellenburg 7121 Highland Ave. Knoxville, TN 37916	Info Requested	10/27/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Info Requested		
	Aggregate Year-to-Date > \$500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John W. Fisher Info Requested Muncie, IN	Info Requested	12/1/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Info Requested		
	Aggregate Year-to-Date > \$250.00		

SUB TOTAL 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 7
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)

Republican Fund for the 90's

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William H. Frist 411 Westview Ave. Nashville, TN 37205	Self	9/8/93	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert E. Cable 1715 Stonehaven Dr. Frankfort, KY 40601	The Stearns Co.	11/26/93	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John Galbraith Beach Dr. St. Petersburg, FL 33701		12/2/93	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. David K. Garratt 2120 Sheffield Dr. Kingsport, TN 37660-4752	Info Requested	9/29/93	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Lynn Greer 214 25th Avenue, North Nashville, TN 37203	Greer Investments	10/12/93	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Finance Aggregate Year-to-Date > \$ 2,500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James A. Haslam, III PO Box 10146 Knoxville, TN 37939	Pilot Oil Corp.	11/15/93	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 5,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Doug Joyce 201 4th Avenue N #1170 Nashville, TN 37219	Info Requested	10/15/93	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

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PAGE 4 OF 7
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)

Republican Fund for the 90's

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Charles J. Kane 413 W. Tynne Dr. Nashville, TN 37205-4433 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Info Requested Occupation: Info Requested Aggregate Year-to-Date > \$ 250.00	10/1/93	250.00
Dr. William H. Knox 1901 Market St. Wilmington, NC 28403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Info Requested Occupation: Psychologist Aggregate Year-to-Date > \$ 1,000.00	11/26/93	1,000.00
Mr. C. Lewis Davine 825 Coxhoro Dr. Brentwood, TN 37027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: REBA Occupation: Executive Director Aggregate Year-to-Date > \$ 5,000.00	8/25/93	5,000.00
The Honorable Lynn G. Lawson PO Box 579 Tallhott, TX 37877 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Retired Occupation: Retired Aggregate Year-to-Date > \$ 1,000.00	9/30/93	1,000.00
Dr. Kenneth F. Luckmann 103 Clayton Way Oak Ridge, TX 37830 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > \$ 1,000.00	10/1/93	1,000.00
Mr. C. Texas Malott 310 Commerce St. Nashville, TN 37201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: J.C. Bradford & Co. Occupation: Partner Aggregate Year-to-Date > \$ 5,000.00	9/2/93	5,000.00
Mr. Walter M. Morgan, Jr. 210 Evelyn Ave. Nashville, TN 37205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Info Requested Occupation: Info Requested Aggregate Year-to-Date > \$ 5,000.00	9/16/93	5,000.00

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 7
FOR LINE NUMBER 11a(1)

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NAME OF COMMITTEE (in Full)

Republican Fund for the 90's

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. R.A. Nixon 10 Peach Blossom Square Nashville, TN 37205-2514		12/15/93	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Charles J. Overby 3717 Ridgely Dr. Fairfax, VA 22031	The Freedom Forum	11/19/93	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dr. William B. Ralph, Jr. 806 Glen Loven Drive Nashville, TN 37204	Self	9/8/93	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 2,500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Helen C. Richardson 3001 Veazey Terrace Washington, DC 20008	Info Requested	10/21/93	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Albert J. Rieger 30 Pine Garden Way Drive Salas, SC 29676	Info Requested	10/13/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dr. Raul Santos 421 Village at Vanderbilt Nashville, TN 37212	Self	10/20/93	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 2,500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Frederick C. Schaeffer PO Box 171368 Memphis, TN 38187-1368	Info Requested	10/1/93	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested Aggregate Year-to-Date > \$ 1,000.00		

SLBTOTAL of Receipts This Page (optional)

TC 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: 6 OF 7
FORM LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)

Republican Fund for the 90's

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. John J. Shea, Jr. c/o Shea Clinic Foundation PO Box 17987 6133 Poplar Pike Memphis, TN 38187-0987	Shea Clinic Foundation	12/13/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Tom Sherrard 418 Westview Nashville, TN 37205	Sherrard & Roe	11/14/93	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Partner Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Michael J. Stabile 6108 Hickory Valley Road Nashville, TN 37205	Self	9/20/93	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 2,500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Charles Richard Franklin Treadway 143 Emsworth Avenue Nashville, TN 37205	Self	12/9/93	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 2,500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Vallott Info Requested Old Hickory, TN	Info Requested	12/2/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John A. Wade 1129 Windsor Drive Gallatin, TN 37066	Self	12/9/93	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant Aggregate Year-to-Date > \$ 5,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William B. Walker, III 7912 Yerer Rd. Brownsville, TN 38012	Self	11/12/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 250.00		

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 7 OF 7
FOR LINE NUMBER 11a(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)

Republican Fund for the 90's

A. Full Name, Mailing Address and ZIP Code Dr. John J. Warner 4645 Tara Drive Nashville, TN 37215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/13/93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Mr. Ted Welch The Tower 611 Commerce St., Ste. 2920 Nashville, TN 37203 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ted Welch Investments Occupation Owner Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 9/2/93	Amount of Each Receipt this Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Mr. David K. Wilson 3022 Vanderbilt Place Nashville, TN 37212 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cherokee Equity Corp. Occupation Chairman Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 11/1/93	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and ZIP Code Mr. George Ed Wilson, Jr. 1250 Orleans Drive Knoxville, TN 37919 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Info Requested Occupation Info Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/10/93	Amount of Each Receipt this Period 250.00
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) _____

TOTAL This Period (last page this line number only) _____ 94,300.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11e

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)

Republican Fund for the 90's

A. Full Name, Mailing Address and ZIP Code First American National Bank PAC First American Center 16th Floor Nashville, TN 37237 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 10/12/93	Amount of Each Receipt this Period 2,500.00
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)

TOTAL This Period (last page this line number only)

2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FORM LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Republican Fund for the 90's

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A. Full Name, Mailing Address and ZIP Code NationsBank One Nationsbank Plaza Nashville, TN 37219 Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Interest Earned Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/20/93 10/25/93 11/22/93 12/20/93	Amount of Each Receipt this Period 9.24 11.89 9.54 9.55
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General	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)

40.22

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 215

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)

Republican Fund for the 90's

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advanced Mail Concepts 1865 Air Lane Dr., Ste. 15 Nashville, TN 37210	Direct Mail	11/19/93	262.02
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/3/93	259.98
	<input type="checkbox"/> Other (specify)	12/15/93	219.01
B. Full Name, Mailing Address and ZIP Code Classic Printing 622 N. 1st St. Nashville, TN 37207	Purpose of Disbursement Printing	Date (month, day, year) 10/25/93	Amount of Each Disbursement This Period 283.91
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/22/93	177.44
	<input type="checkbox"/> Other (specify)	11/19/93	128.58
C. Full Name, Mailing Address and ZIP Code Direct Mail Communications, Inc. Rte. 221, Box 163 Forest, VA 24511	Purpose of Disbursement Direct Mail	Date (month, day, year) 9/2/93	Amount of Each Disbursement This Period 11,212.18
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/1/93	3,723.91
	<input type="checkbox"/> Other (specify)	10/14/93	2,178.00
D. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Direct Mail	Date (month, day, year) 12/3/93	Amount of Each Disbursement This Period 13,349.26
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/1/93	13,860.00
	<input type="checkbox"/> Other (specify)	12/17/93	4,098.00
E. Full Name, Mailing Address and ZIP Code Heritage Advertising Design 209 West Street Annapolis, MD 21401	Purpose of Disbursement Artwork	Date (month, day, year) 10/15/93	Amount of Each Disbursement This Period 1,153.26
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/3/93	170.00
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code The Keith Computing Group 2408-A S. Walter Reed Dr. Arlington, VA 22206	Purpose of Disbursement Software/Consulting	Date (month, day, year) 12/16/93	Amount of Each Disbursement This Period 2,309.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Karin Markey 317B Walnut Dr. Nashville, TN 37205	Purpose of Disbursement Expense Reimbursement - Cliffs/Copies/Delivery	Date (month, day, year) 11/8/93	Amount of Each Disbursement This Period 337.76
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Karin Markey 317B Walnut Dr. Nashville, TN 37205	Purpose of Disbursement Expense Reimbursement - Delivery	Date (month, day, year) 12/15/93	Amount of Each Disbursement This Period 250.74
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Karin Markey 317B Walnut Dr. Nashville, TN 37205	Purpose of Disbursement Payroll	Date (month, day, year) 12/15/93	Amount of Each Disbursement This Period 894.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/30/93	894.10
	<input type="checkbox"/> Other (specify)		

\$ TOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Republican Fund for the 90's

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joseph McCaney 705 S. Overlook Dr. Alexandria, VA 22305	Consulting	10/25/93	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/93	1,000.00
The Merchants 401 Broadway Nashville, TN 37203	Event Expense	12/2/93	1,158.18
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code National Fulfillment, Inc. 507-B Maple Leaf Dr. Nashville, TN 37210	Data Entry	12/15/93	548.88
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Phillip Smith & Co. 500 N. Washington St. Alexandria, VA 22314	Consulting	10/29/93	1,500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Phillip Smith & Co. 500 N. Washington St. Alexandria, VA 22314	Expense Reimbursement-Delivery	10/25/93	13.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Phillip Smith & Co. 500 N. Washington St. Alexandria, VA 22314	Expense Reimbursement-Travel	12/15/93	461.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster	BBM Account	11/19/93	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/15/93	500.00
	<input type="checkbox"/> Other (specify)	10/1/93	500.00
H. Full Name, Mailing Address and ZIP Code U.S. Postmaster	Postage	11/30/93	100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/16/93	145.00
	<input type="checkbox"/> Other (specify)	12/16/93	100.00
I. Full Name, Mailing Address and ZIP Code Same as Above	Postage	11/4/93	44.37
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/7/93	29.00
	<input type="checkbox"/> Other (specify)	11/8/93	100.00

SUBTOTAL of Disbursements This Page (optional)	
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 3 OF 4
FOR LINE NUMBER 211

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NAME OF COMMITTEE (in Full)

Republican Fund for the 90's

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster	Postage	10/13/93	465.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/14/93	178.00
	<input type="checkbox"/> Other (specify)	12/14/93	145.00
U.S. Postmaster	P.O. Box Rental	11/19/93	24.50
Preferred Lists 5201 Leesburg Pike, Ste. 1007 Falls Church, VA 22014	List Rental	11/19/91	3,604.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/10/93	1,200.00
	<input type="checkbox"/> Other (specify)	12/3/93	478.00
Same as Above	List Rental	9/27/93	1,990.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/15/93	954.00
	<input type="checkbox"/> Other (specify)	12/15/93	1,804.80
Republican Exchange Satellite Network 511 Union St., 16th Floor Nashville, TN 37219	List Rental	11/10/93	538.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Republican Exchange Satellite Network 511 Union St., 16th Floor Nashville, TN 37219	Expense Reimbursement-Delivery	12/15/93	39.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Timothy Roper 11409 Daryea Dr. Potomac, MD 20854	Consulting	10/25/93	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/15/93	1,000.00
	<input type="checkbox"/> Other (specify)		
Total Computer Support Group PO Box 174 Centreville, VA 22020	Shipping	10/25/93	20.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Total Computer Support Group PO Box 174 Centreville, VA 22020	Computer Equipment	12/17/93	3,938.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

NET TOTAL of Disbursements This Page (optional)

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 4 OF 4
FOR LINE NUMBER 216

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NAME OF COMMITTEE (in Full)

Republican Fund for the 90's

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Agnes Warfield 1715 Natchez Trace Nashville, TN 37221	Expense Reimbursement- BRM Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/93	260.00
Agnes Warfield 1715 Natchez Trace Nashville, TN 37221	Expense Reimbursement- Software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/93	323.67
Nations Bank One Nationsbank Plaza Nashville, TN 37219	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/93 10/4/93	10.69 14.39
Nations Bank One Nationsbank Plaza Nashville, TN 37219	Check Order Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/93 9/20/93	27.72 59.00 20.95
Nations Bank One Nationsbank Plaza Nashville, TN 37219	Check Order Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/93	27.72
Nations Bank One Nationsbank Plaza Nashville, TN 37219	Endorsement Stamp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/24/93	20.95
G. 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
H. 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
I. 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)

TOTAL This Period (last page this line number only)

84,691.14

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Republican Fund for the 90's

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coverdell Good Government Committee Post Office Box 14503 Atlanta, GA 30324	Contribution-CA Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/93	500.00
B. Full Name, Mailing Address and ZIP Code Campaign America 511 Capitol Court, NE, Ste. 100 Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/93	5,000.00
C. 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
D. 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
E. 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
F. 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
G. 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
H. 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
I. 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

SL TOTAL of Disbursements This Page (optional)	5,500.00
TC TOTAL This Period (last page this line number only)	5,500.00

**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.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
1-31-94

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

JM
PREPARED

2-6-94
DATE PREPARED

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