For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
AutoZone Inc. Committee For Responsible Investment

ADDRESS (number and street) ☐ Check if different from previously reported
3930 Paplar Ave. Po Box 2198

CITY, STATE and ZIP CODE
Memphis Tn. 38101

2. FEC IDENTIFICATION NUMBER
C 00 233 056

3. ☐ This amendment qualifies as a multicandidate committee DURING THIS Reporting Period on (date)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Monthly Report Due On:

February 20	☒ June 20	October 20
March 20	July 20	November 20
April 20	August 20	December 20
May 20	September 20	January 31

☐ Twelve day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirty 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 May 1, '93 through May 30, '93		
6 (a) Cash on Hand January 1, 19__		$ 12,253.6[illegible]
(b) Cash on Hand at Beginning of Reporting Period	$ 13,261.94	
(c) Total Receipts (from Line 19)	$ 2,010.94	$ 6,019.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 15,272.88	$ 18,273.[illegible]
7 Total Disbursements (from Line 30)	$ 0	$ 3,000.0[illegible]
8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 15,272.88	$ 15,273.[illegible]
9 Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	
10 Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Typed or Print Name of Treasurer
Dennis Roberts

Signature of Treasurer
[signature]

Date
6-21-9[illegible]

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

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

(Revised 1/99)

NAME OF COMMITTEE: Autzenit Inc. Committee Gov Responsible Govt.

REPORT COVERING PERIOD: FROM 5-1-93 TO 5-30-93

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 (see Schedule A)	100.00	100.00
ii. Unitemized	910.94	5829.70
iii. Total (add i and ii) ➤	1010.94	5919.70
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a, b and c) ➤	1010.94	5919.70
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,000.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2010.94	6919.70
20. Total Federal Receipts (subtract line 18 from line 19) ➤		

II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (Add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	3,000.00
24. Independent Expenditures (see Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	0	3,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0	3,000.00

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1010.94	5919.70
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	1010.94	5919.70
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

for each category of the Detailed Summary Page

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

AutoZone Inc. Committee for Responsible Government

A. Full Name, Mailing Address and ZIP Code Thomas Hansman 106 Perkins Rd. Memphis, Tn. 38117 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer AutoZone Occupation Sr. Vice Pres. Aggregate Year-to-Date > $ 330.00	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period $40 $20 per pay per
B. Full Name, Mailing Address and ZIP Code Thomas Wantinger 5400 Park Avenue Memphis Tn. 38119 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer AutoZone Occupation Sr. Vice Pres. Aggregate Year-to-Date > $ 330.00	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period $60. $20 per pay per
C. Full Name, Mailing Address and ZIP Code Greenwood for Congress 18 E. Court Street Doylestown, Pa. 18901 Receipt For: ☐ Primary ☐ General ☒ Other (specify) Refund	Name of Employer refund of contrib. Occupation Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 5-19-93	Amount of Each Receipt this Period $1,000.00
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

SUB TOTAL of Receipts This Page (optional) .....

TOTAL [illegible]

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code N/A	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period N/A
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. TOTAL of Disbursements This Page (optional)			N/A
TOTAL This Period (last page this line number only)			

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 6-21-93
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

[signature] 6-25-93

PREPARER DATE PREPARED

FEC FORM 70-2 (12/91)