REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
MAIL ROOM
'98

1. NAME OF COMMITTEE (In full) Provident Life and Accident Insurance Company Political Action Committee	
ADDRESS (number and street) ☐ Check if different than previously reported 1 Fountain Square	2. FEC IDENTIFICATION NUMBER C00177435
CITY, STATE and ZIP CODE Chattanooga TN 37402	3. ☐ This committee qualified 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

☐ 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 04-01-98 through 06-30-98		
6. (a) Cash on Hand January 1, 19 98		$ 2,736.47
(b) Cash on Hand at Beginning of Reporting Period	$ 3,788.68	
(c) Total Receipts (from line 19)	$ 3,256.35	$ 6,502.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7,045.03	$ 9,236.78
7. Total Disbursements (from Line 30)	$ 3,900.00	$ 6,091.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3,145.03	$ 3,145.03
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-	

For further information contact:
Federal Election Commission
999 E. Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Henry T Hardin

Signature of Treasurer

Date
07-13-98

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

FEC FORM 3X
(revised 1/1/91)

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

(revised 1/1/91)

Name of Committee: Provident Life and Accident Insurance Company Political Action Committee

Report Covering the Period From 04-01-98 To 06-30-98

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	2,182.22	3,709.48
ii. Unitemized	542.30	2,238.25
iii. Total (add i and ii)	2,724.52	5,947.73
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c)	2,724.52	5,947.73
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	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	31.83	54.58
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	3,256.35	6,502.31
20. Total Federal Receipts (subtract line 18 from line 19)	3,256.35	6,502.31
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	-0-.	91.75
c. Total Operating Expenditures (Add a i, a ii, and b)	-0-.	91.75
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	5,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2U&C441a(d)(3)(A)(i)(ii))		
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	900.00	1,000.00
30. Total Disbursements (add 21c, 22 23 24 25 26 27 28d and 29)	3,900.00	6,091.75
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	3,900.00	6,091.75
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,724.52	5,947.73
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,724.52	5,947.73
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	-0-.	91.75
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	-0-.	91.75

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary

PAGE 1 OF 4

FORM LINE NUMBER: 11ai

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

NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177435

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. C Gary Ainscough 159 Cordell Dr Rossville GA 30741 Receipt for: X Primary ☐ General ☐ Other (specify):	Provident Companies Inc (PCI) Occupation: Sr Systems Analyst Aggregate Year-To-Date > $ 117.51	Bi-Weekly Payroll Deduction (BPD)	55.14 9.19 Per Pay Period (PPP)
B. Charles S Baker 2505 Arbor Mist Trl Hixson TN 37343 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PCI Occupation: VP Client Services Aggregate Year-To-Date > $ 130.00	BPD	60.00 10.00 PPP
C. George F Baker 5824 Rocky Branch Rd Signal Mtn TN 37377 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PCI Occupation: Director Mktg Aggregate Year-To-Date > $ 112.99	BPD	54.35 9.06 PPP
D. Roy F Bess Jr The Tower Suite 3109 611 Commerce St Nashville TN 37203 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PCI Occupation: Ins Exec Aggregate Year-To-Date > $ 172.49	BPD	80.93 13.49 PPP
E. Robert O Best 1810 E Brow Rd Signal Mtn TN 37377 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: Provident Life and Accident Ins Co (PLA) Occupation: Ins Exec Aggregate Year-To-Date > $ 347.75	BPD	160.50 26.75 PPP
F. J Harold Chandler 209 Fleetwood Dr Lookout Mtn TN 37350 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PLA Occupation: Ins Exec Aggregate Year-To-Date > $ 520.00	BPD	240.00 40.00 PPP
G. Cydney S Davis 4016 Highwood Dr Chattanooga TN 37415 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PCI Occupation: VP Finance Aggregate Year-To-Date > $ 135.36	BPD	63.40 10.57 PPP

SUBTOTAL of Receipts This Page (optional) > 714.32

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary

PAGE 2 OF 4

FORM LINE NUMBER 11g1

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177435

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sandra M Franklin 2212 Fox Run Dr Signal Mtn TN 37377 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PCI Occupation: Systems Analyst Aggregate Year-To-Date > $ 140.00	BPD	60.00 10.00 PPP
B. Thomas B Heys Jr 215 Primrose Way Signal Mtn TN 37377 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PLA Occupation: Ins Exec Aggregate Year-To-Date > $ 325.39	BPD	150.18 25.03 PPP
C. Robert L Katz 1742 Ganasita Trl Chattanooga TN 37406 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PCI Occupation: Actuary Aggregate Year-To-Date > $ 325.00	BPD	150.00 25.00 PPP
D. Kenneth Lamar Light 1502 Heritage Landing Dr Chattanooga TN 37405 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PCI Occupation: Dir New Business Aggregate Year-To-Date > $ 215.18	BPD	53.16 8.86 PPP
E. James D Lynch Jr 1318 Brow Estates Dr Signal Mtn TN 37377 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PCI Occupation: Regional Mgr Aggregate Year-To-Date > $ 130.00	BPD	60.00 10.00 PPP
F. Ralph W Mohney Jr 7 St Ives Way Signal Mtn TN 37377 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: PCI Occupation: Ins Exec Aggregate Year-To-Date > $ 222.98	BPD	108.18 18.03 PPP
G. James A Ramsay 927 Dunsinane Rd Signal Mtn TN 37377 Receipt for: X Primary ☐ General ☐ Other (specify):	Name of Employer: Provident Investment Management LLC Occupation: SVP Investments Aggregate Year-To-Date > $ 130.00	BPD	60.00 10.00 PPP

SUBTOTAL of Receipts This Page (optional)	641.52
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of Detailed Summary Page

PAGE 3 OF 4

FORM LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177435

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph A Rogers Jr 1600 Rockland Ct Cleveland TN 37311	PCI	BPD	90.00 15.00 PPP
Receipt for: [X] Primary [ ] General [ ] Other (specify):	Occupation: Ins Exec	Aggregate Year-To-Date > $ 195.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clifford R Stalter 9615 Misty Mtn Rd Chattanooga TN 37421	PCI	BPD	60.00 10.00 PPP
Receipt for: [X] Primary [ ] General [ ] Other (specify):	Occupation: VP Finance	Aggregate Year-To-Date > $ 130.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J Thompson 3124 Pintail Ln Signal Mtn TN 37377	PCI	BPD	76.08 12.68 PPP
Receipt for: [X] Primary [ ] General [ ] Other (specify):	Occupation: Ins Exec	Aggregate Year-To-Date > $ 157.28	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary P Todd-Holland 905 Lawson St Chattanooga TN 37415	PCI	BPD	56.70 9.45 PPP
Receipt for: [X] Primary [ ] General [ ] Other (specify):	Occupation: Sr Sys Analyst	Aggregate Year-To-Date > $ 121.03	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R Kiah Townsend 1502 McDuffie Houston TX 77019	PCI	BPD	63.60 10.60 PPP
Receipt for: [X] Primary [ ] General [ ] Other (specify):	Occupation: Sales Mgr	Aggregate Year-To-Date > $ 137.80	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R Watjen P O Box 281 Lookout Mtn TN 37350	PLA	BPD	150.00 25.00 PPP
Receipt for: [X] Primary [ ] General [ ] Other (specify):	Occupation: Ins Exec	Aggregate Year-To-Date > $ 325.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A H White 1148 Carter Dr Chattanooga TN 37415	PLA	BPD	60.00 10.00 PPP
Receipt for: [X] Primary [ ] General [ ] Other (specify):	Occupation: Ins Exec	Aggregate Year-To-Date > $ 130.00	

SUBTOTAL of Receipts This Page (optional) 556.38

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 4 OF 4

FORM LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177435

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frederick A Williams 12228 Apison Pk Apison TN 37302 Receipt for: [X] Primary [ ] General [ ] Other (specify):	PCI VP Systems Aggregate Year-To-Date > $ 325.00	BPD	150.00 25.00 PPP
Richard Alan Wolf 1314 Brow Estates Dr Signal Mtn TN 37377 Receipt for: [X] Primary [ ] General [ ] Other (specify):	PLA Ins Exec Aggregate Year-To-Date > $ 260.00	BPD	120.00 20.00 PPP
C. 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
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)	270.00
TOTAL This Period (last page this line number only)	2,182.22

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1

FORM LINE NUMBER 16 -

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177435

A. Full Name, Mailing Address and ZIP Code Douglas Henry for State Senate 200 Capitol Boulevard Bldg Nashville TN 37219	Name of Employer Return of Contribution, no other qualifiers	Date (month, day, year) 6-15-98	Amount of Each Receipt this Period 500.00
Receipt for: ☐ Primary ☐ General ☒ Other (specify):	Occupation Aggregate Year-To-Date >$		
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)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1

FORM LINE NUMBER 17

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

NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177435

A. Full Name, Mailing Address and ZIP Code Provident Employees Credit Union 1 Fountain Square Chattanooga TN 37402	Name of Employer Interest on Checking Account	Date (month, day, year) Various	Amount of Each Receipt this Period 31.83
Receipt for: ☐ Primary ☐ General ☒ Other (specify):	Occupation Aggregate Year-To-Date >$		
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)	31.83
TOTAL This Period (last page this line number only)	31.83

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary page

PAGE 1 OF

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code American Council of Life Ins Political ActionCom(LifePAC) 1001 Pennsylvania Ave NW Washington DC 20004-2599	Contri to Other PAC Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	4-29-98	3,000.00
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

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	3,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Provident Life and Accident Insurance Company Political Action Committee

	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Tennessee Republican Party P O Box 150368 Nashville TN 37215-0368	Contri to Non-Fed Cand Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-13-98	200.00
B. Full Name, Mailing Address and ZIP Code Bobby Wood for Legislature Committee 7733 Lasata Ln Harrison TN 37341	Contri to Non-Fed Cand Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-26-98	200.00
C. Full Name, Mailing Address and ZIP Code Raymond Walker Campaign 1108 Railroad St Dayton TN 37321	Purpose of Disbursement Contri to Non-Fed Cand Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month day, year) 5-26-98	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code Friends of Ronnie Cole 1311 E Court St Dyersburg TN 38024	Purpose of Disbursement Contri to Non-Fed Cand Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month day, year) 5-27-98	Amount of Each Disbursement This Period 100.00
E. Full Name, Mailing Address and ZIP Code Re-Elect Doug Gunnels 530 Hwy 321 North Lenoir City TN 37771	Purpose of Disbursement Contri to Non-Fed Cand Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month day, year) 6 25-98	Amount of Each Disbursement This Period 200.00
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

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only) 900.00

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 2/13/98
☐	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	

SKP
PREPARER

2/16/98
DATE PREPARED

(4/98)