

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2008 APR 21 P 2:23

1. NAME OF COMMITTEE (in full)
Volunteer PAC

ADDRESS (number and street) Check if different than previously reported.
2000 Glen Echo Road, Suite 107

CITY, STATE and ZIP CODE
Nashville, TN 37215

2. FEC IDENTIFICATION NUMBER
CDD341743

3. This committee qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid-Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- 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	03/01/2008 through 03/31/2008		
6. (a) Cash on Hand January 1, 2008	\$0.00		161,093.53
(b) Cash on Hand at Beginning of Reporting Period		156,152.13	
(c) Total Receipts (from Line 19)		14,200.00	24,235.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		170,352.13	185,328.53
7. Total Disbursements (from Line 30)		14,792.39	29,768.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		155,559.74	155,559.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)			

For further information contact
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer

Linus D. Cagnanik

Signature of Treasurer

Date

4/18/08

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to 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 Volunteer PAC	REPORT COVERING PERIOD FROM 03/01/2000 TO: 03/31/2000	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. RECEIPTS		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	3,000.00	13,000.00
ii. Unitemized	200.00	200.00
iii. Total (add i and ii)	3,200.00	13,200.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	11,000.00	11,000.00
d. Total Contributions (add a iii, b and c)	14,200.00	24,200.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rabates, etc.)		35.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18)	14,200.00	24,235.00
20. Total Federal Receipts (subtract line 18 from line 19)	14,200.00	24,236.00
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	14,673.39	23,354.79
c. Total Operating Expenditures (add a i, a ii, and b)	14,673.39	23,354.79
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))(use 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	119.00	6,414.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	14,792.39	29,768.79
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	14,792.39	29,768.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	14,200.00	24,200.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,200.00	24,200.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	14,673.39	23,354.79
36. Offsets to Operating Expenditures (from line 15)		35.00
37. Net Operating Expenditures (subtract line 36 from 35)	14,673.39	23,319.79

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
 Volunteer PAC

A. Full Name, Mailing Address and Zip Code Mr. Monroe Carell, Jr. 614 Lynwood Boulevard Nashville, TN 37205-	Name of Employer Central Parking System	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 1,000.00
	Occupation CEO	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code Mr. David Kiscallier 1171 Valparaiso Avenue Menlo Park, CA 94025-4412	Name of Employer Hendrick and Struggles	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 1,000.00
	Occupation Consultant	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code Mr. John R. Lindahl P.O. Box 1869 Brentwood, TN 37024-	Name of Employer State Industries	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 1,000.00
	Occupation CEO	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Volunteer PAC

A. Full Name, Mailing Address and Zip Code Federal Express PAC 1990 Nonconnah Blvd Ms. Marqu�e Ledoux Memphis, TN 38132-	Name of Employer _____	Date (month, day, year) 03/29/2000	Amount of Each Receipt this Period 5,000.00
	Occupation _____		
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 National Healthcorp PAC 103 Vine Street Murfreesboro, TN 37130-	Name of Employer _____	Date (month, day, year) 03/01/2000	Amount of Each Receipt this Period 3,000.00
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date -> 3,000.00		
C. Full Name, Mailing Address and Zip Code Schering-Plough Better Government PAC Mr. Rob Lively 1130 Connecticut Avenue, NW Washington, DC 20036-	Name of Employer _____	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 3,000.00
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date -> 3,000.00		
D. Full Name, Mailing Address and Zip Code _____	Name of Employer _____	Date (month, day, year) / /	Amount of Each Receipt this Period _____
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date -> _____		
E. Full Name, Mailing Address and Zip Code _____	Name of Employer _____	Date (month, day, year) / /	Amount of Each Receipt this Period _____
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date -> _____		
F. Full Name, Mailing Address and Zip Code _____	Name of Employer _____	Date (month, day, year) / /	Amount of Each Receipt this Period _____
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date -> _____		
G. Full Name, Mailing Address and Zip Code _____	Name of Employer _____	Date (month, day, year) / /	Amount of Each Receipt this Period _____
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date -> _____		

SUBTOTAL of Receipts This Page (optional)	11,000.00
TOTAL This Period (last page this line number only)	11,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Volunteer PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Rogich Communications Group 3980 Howard Hughes Parkway Suite 550 Las Vegas, NV 89109-	Consultants Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/01/2000	14,670.19
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SUBTOTAL of Disbursements This Page (optional)	14,670.19
TOTAL This Period (last page this line number only)	14,670.19

