

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Ronnie G. Flippo Committee</b>		2. FEC IDENTIFICATION NUMBER <b>BR 05621</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P.O. Drawer B.</b>		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY, STATE and ZIP CODE <b>Florence, AL 35631</b>		STATE/DISTRICT	

### 4. TYPE OF REPORT

- |  |   |
|--|---|
| <input type="checkbox"/> April 15 Quarterly Report<br><input type="checkbox"/> July 15 Quarterly Report<br><input type="checkbox"/> October 15 Quarterly Report<br><input type="checkbox"/> January 31 Year End Report<br><input checked="" type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____<br><input type="checkbox"/> 30-Day Post-Election Report following the General Election on _____ in the State of _____<br><input type="checkbox"/> Termination Report |
|--|---|

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

### SUMMARY

5. Covering Period <u>Jan. 1, 1999</u> through <u>June 30, 1999</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))		
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9711.63	9711.63
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	9711.63	9711.63
8. Cash on Hand at Close of Reporting Period (from Line 27)	657538.76	
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 800-424-9630  
Local 202-694-1100

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 <b>Andrew P. Parkhurst</b>	
Signature of Treasurer 	Date <b>7-16-99</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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**FEC FORM 3**  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Ronnie G. Flippe Committee	Report Covering the Period From: 1-1-99 To: 6-30-99	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A) _____		
(ii) Unitemized _____		
(iii) Total of contributions from individuals _____		
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____		
(d) The Candidate _____		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES _____		
13. LOANS:		
(a) Made or Guaranteed by the Candidate _____		
(b) All Other Loans _____		
(c) TOTAL LOANS (add 13(a) and (b)) _____		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) _____		
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____		
Interest/Dividend 17.25	59400.23	59400.23
Money Value Increase \$42150.23		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	59400.23	59400.23
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES _____	9711.63	9711.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate _____		
(b) Of All Other Loans _____		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____		
20. 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 20(a), (b) and (c)) _____		
21. OTHER DISBURSEMENTS _____	15000.00	15000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	24711.63	24711.63

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$ 622850.16	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$ 59400.23	24
25. SUBTOTAL (add Line 23 and Line 24) _____	\$ 682250.39	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$ 24711.63	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$ 657538.76	27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 5

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)**

Ronnie G. Flippo Committee

A. Full Name, Mailing Address and ZIP Code Trumbower Gelman 4550 Montgomery Ave., Ste. 900 Bethesda, MD 20814-3304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Interest income</u> Occupation Aggregate Year-to-Date > \$ 5	Date (month, day, year) 6-30-99	Amount of Each Receipt this Period 17250.00
B. Full Name, Mailing Address and ZIP Code Trumbower Gelman 4550 Montgomery Ave., Ste. 900 Bethesda, MD 20814-3304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <u>Market value increase</u> Occupation Aggregate Year-to-Date > \$ 6	Date (month, day, year) 6-30-99	Amount of Each Receipt this Period 42150.23
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) .....

59400.23

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)

**R.G. Flippo Committee**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Theodore L. Jones P.O. Box 65122 Baton Rouge, LA 70894	Operating expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-3-99	466.63
B. Full Name, Mailing Address and ZIP Code Parkhurst & Norvell 2009 Darby Drive Florence, AL 35630	Operating expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-5-99	625.00
C. Full Name, Mailing Address and ZIP Code Internal Revenue Service Memphis, TN 37501	Income tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-4-99	3,620.00
D. Full Name, Mailing Address and ZIP Code Theodore L. Jones P.O. Box 65122 Baton Rouge, LA 70894	Operating expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-12-99	5,000.00
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

9,711.63

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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**NAME OF COMMITTEE (In Full)**

Ronnie G. Flippo Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Siegelman Inauguration & Transition Foundation	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-14-99	2,000.00
Terry Everett for Congress 4451 Brookfield Corp. Dr. #200 Chantilly, VA 20151-1652	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-4-99	500.00
Thumb Picker's Assoc. of America P.O. Box 65122 Baton Rouge, LA 70896	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-12-99	2,500.00
Hilliard for Congress P.O. Box 11705 Birmingham, AL 35203	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-24-99	1,000.00
Richard E. Neal Committee P.O. Box 2884 Washington, DC 20013	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-15-99	1,000.00
Aderholt (Bob) for Congress P.O. Box 1158 Haleyville, AL 35565	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-28-99	1,000.00
McNulty (Mike) for Congress P.O. Box 75214 Washington, DC 20013-5214	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-5-99	500.00
Riley (Bob) for Congress P.O. Box 700 Ashland, AL 35209	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-6-99	500.00
Friend's of Bud Cramer P.O. Box 2621 Huntsville, AL 35804	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-99	500.00

SUBTOTAL of Disbursements This Page (optional)

9,500.00

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 1 OF 2  
FOR LINE NUMBER 21

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**NAME OF COMMITTEE (In Full)**

Ronnie G. Flippo Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jon Kyl for U.S. Senate P.O. Box 10246 Phoenix, AZ 85064-0246	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-99	1,000.00
B. Full Name, Mailing Address and ZIP Code Sabo (Martin) for Congress Volunteer Committee P.O. Box 14791 Minneapolis, MN 55414	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-19-99	1,000.00
C. Full Name, Mailing Address and ZIP Code Kerry (Bob) 2000 301 4th St., NE #201 Washington, DC 20002	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-1-99	1,000.00
D. Full Name, Mailing Address and ZIP Code Everett (Terry) for Congress Committee 4451 Brookfield Corp. Dr. #200 Chantilly, VA 20151	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-8-99	500.00
E. Full Name, Mailing Address and ZIP Code Callahan (Sonny) for Congress Committee 2020 Pennsylvania Ave., NW #281 Washington, DC 20006	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-8-99	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends for Sessions (Jeff) P.O. Box 4278 Montgomery, AL 36103	Campaign contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-8-99	1,000.00
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)

5,500.00

TOTAL This Period (last page this line number only)

15,000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-16-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt 7-23-99
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SM</i> PREPARER	7-23-99 DATE PREPARED