

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

REGISTERED  
FEDERAL ELECTIONS  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) William L. "Bill" Jenkins For Congress		2. FEC IDENTIFICATION NUMBER C00318584 JUL 11 20 01 98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. BOX 640		
CITY, STATE and ZIP CODE Rogersville, TN 37857	STATE/DISTRICT TN (01)	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

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

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

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4-1-98 through 6-30-98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	83569.39	111214.70
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	83569.39	111214.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	73637.31	82825.36
(b) Total Offsets to Operating Expenditures (from Line 14)	100.00	100.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	73537.31	82725.36
8. Cash on Hand at Close of Reporting Period (from Line 27)	115916.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3500.00	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
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 R. Brian Price, Treasurer	Date 7-10-98
Signature of Treasurer <i>R. Brian Price</i>	

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

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FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

C00318584

Name of Committee (in full)	Report Covering the Period	
William L. "Bill" Jenkins For Congress	From: 04-01-98	To: 06-30-98
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) -----	31750.00	
(ii) Unitemized -----	12119.39	
(iii) Total of contributions from individuals -----	43869.39	56769.39
(b) Political Party Committees -----	500.00	536.00
(c) Other Political Committees (such as PACs) -----	39200.00	53909.31
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	83569.39	111214.70
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.) -----	100.00	100.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	4.45	8.92
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	83673.84	111323.62
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	73637.31	82825.36
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 -----	5000.00	5000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	78637.31	87825.36

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 110879.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 83673.84
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 194553.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 78637.31
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 115916.38

Contributions From Individuals

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)

William L. "Bill" Jenkins For Congress

C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALMA HALE PATY 630 MASSACHUSETTS AVE. WASHINGTON D.C.	A. CAPITAL RESOURCE CONSULTING	4-1-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT		
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALFREDO T. ADAMS, JR. 444 JAMES ROBERTSON PKWY. NASHVILLE TN, 37219	ADAMS & WHITAKER P.C.	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY		
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HAZEL R. ALBERT 1470 TYNE BLVD. NASHVILLE, TN 37215	TN. DEPT. OF EMPLOYMENT SECURITY	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COMMISSIONER		
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS W. BEASLEY 2982 Hwy 96 Burns TN, 37029	SELF-EMPLOYED	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESS MGR.		
	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
HULET M. CHANEY 2400 COUNTRY CLUB LANE COLUMBIA, TN, 38401	TN. FARM BUREAU	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT		
	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
F. MILES EZELL, JR. 5425 FOREST ACRES DR. NASHVILLE TN, 37220	Purity Dairies ETC.	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. CHAIRMAN		
	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
H. LYNN GAER, JR. 306 DEER HALL CIRCLE NASHVILLE TN, 37205	TN. REGULATORY AUTHORITY	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHAIRMAN		
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

Contributions From Individuals

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NAME OF COMMITTEE (in Full)

William L. "Bill" Jenkins For Congress

C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID HAMMONTAGE P.O. Box 2948 COOKEVILLE TN. 38502	J.R. LAUFORD & Co. Occupation: ENGINEER	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
MICHAEL G. HARRISON 3710 PLANTATION DRIVE HERMITAGE TN. 37074	J.R. LAUFORD & Co. Occupation: ENGINEER	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANNY HERMAN P.O. Box 55 MOUNTAIN CITY TN. 37063	SELF-EMPLOYED Occupation: TRUCKING	4-9-98	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JULIUS T. JOHNSON 1509 WINDERMERE DR. COLUMBIA TN. 38401	TN. FARM DUREN Occupation: Dir. of Publications	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
JENNIFER A. LAWSON 420 EXAMINGTON AVE NASHVILLE TN. 37205	STATE OF TN. Occupation: ATTORNEY	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
MARY CORNELIA PRICE 5846 MARRIAGE COURT NASHVILLE TN. 37215	FIRST AMERICAN CORP. Occupation: ATTORNEY	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM S. WARE III 6010 STORHAGEN DRIVE NASHVILLE TN. 37215	N/A Occupation: RETIRED	4-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

Contributions From Individuals

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress

C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT P. CORKER, JR. 735 BROAD ST. CHATTANOOGA, TN. 37401	THE CORKER GROUP  Occupation: OWNER	4-13-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
OAKLEY J. GARONER P.O. Box 5096 JOHNSON CITY TN 37601	GARONER PAINT SERVICE INC.  Occupation: PRESIDENT	4-11-98	500.00
Receipt For: <input checked="" 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
WALTER K. GORTCH 900 W. Main ST. ROGERSVILLE TN 37857	SELF-EMPLOYED  Occupation: MEDICAL DOCTOR	4-13-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. A. Wilson Rt. 1 Box 3435 ELIZABETHAN TN. 37043	ELIZABETHAN H-M CO.  Occupation: CEO	4-15-98	500.00
Receipt For: <input checked="" 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
JAMES A. HASLAM II KNOXVILLE, TN	PILOT OIL CO.  Occupation: OFFICER	4-10-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUNE M. BARRETT 165 KEEFAVER RD JOHNSON CITY, TN 37605	INFO REQUESTED  Occupation:	4-17-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY A. BENEDET 145 DOWNS STATION RD GRAND, TN. 37045	INFO REQUESTED  Occupation:	4-17-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

Contributions From Individuals

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NAME OF COMMITTEE (in Full)

William L. "Bill" Jenkins For Congress

C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CARA W. JONES 502 DRY CREEK RD ERWIN TN 37650	JONES & Church FARM, INC Occupation: OWNER	4-17-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN A. KING 4504 HOCKADY Hill Rd. KINGSPORT TN 37664	N/A Occupation: RETIRED	4-17-98	500.00
Receipt For: <input checked="" 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
JACK MAYFIELD 12 COX FARM COURT JOHNSON CITY TN 37601	BRANAT & BEWEN P.C. Occupation: ATTORNEY	4-17-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
JOHN F. MILLER 1228 KINVILLE ST KINGSPORT TN 37660	TN. ELECTRIC CO. INC Occupation: CONTRACTOR	4-17-98	500.00
Receipt For: <input checked="" 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
JACK C. SEATON 500 LAKE POINT DR. DARYS FIATS TN 37636	INFO Requested Occupation:	4-17-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
TONY C. SEATON 926 W. OAKLAND AVE JOHNSON CITY, TN.	SELF-EMPLOYED Occupation: ATTORNEY	4-17-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CAROLYN A. SEIL 449 FAIRRIDGE RD JOHNSON CITY TN 37604	N/A Occupation: RETIRED	4-17-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

Contributions From Individuals

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress

C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK B. STRICKLAND #3 STERLING CIRCLE JOHNSON CITY TN. 37604	Strickland & Assoc.	4-17-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Planning Develop.	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.T. SUMMERS P.O. Box 1628 ELIZABETH TN. 37644	SUMMERS TAYLOR PAINTS	4-17-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	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
DAVID P. WATKEY 3308 RIDGECREST KINGSBORT TN. 37660	N/A	4-17-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	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
PHIL WALTERS 1908 SHERWOOD DR. JOHNSON CITY TN. 37604	JOHNSON CITY EYE CLINIC PC.	4-17-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID GARLAND 213 SHADEN AVE. GARY TN. 37615	SELF-EMPLOYED	4-23-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DEVELOPER	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
SAM H. ANDERSON 4403 LEADY AVE. KINGSBORT TN. 37664	ANDERSON FORD	4-25-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AUTO DEALER	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL G. JACKSON 376 HAMILTON DRIVE DOWNSBORO TN. 37617	Piedmont Milk Sales	4-25-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 4250.00

TOTAL This Period (last page this line number only)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (in Full)

WILLIAM L. "BILL" JENKINS FOR CONGRESS C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARSHALL WEAVER P.O. Box 520 GREENVILLE TN. 37744	SELF-EMPLOYED	5-14-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LANDSCAPING	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES W. POINTE 115 EAST WASHINGTON ST. ROGERSVILLE TN. 37857	SELF-EMPLOYED	4-25-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN M. JONES III 410 SOUTH MAIN ST GREENVILLE TN. 37743	GREENVILLE DAILY SUN	6-23-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PUBLISHER	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
DON GRAY P.O. Box 5302 KINGSBURY TN. 37063	DON GRAY TRUCKING	6-15-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: TRUCKING	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON GRAY P.O. Box 5302 KINGSBURY TN. 37063	DON GRAY TRUCKING	6-15-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: TRUCKING	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN A. McNEIL JR. P.O. Box 127 SNEEDVILLE TN. 37860	McNEIL FUNERAL HOME	6-24-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MORTICIAN	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY BOYD P.O. Box 298 E MAIN ST. ROGERSVILLE TN. 37857	SELF-EMPLOYED	6-27-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)



CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LLOYD SAUKSBURY 905 TUSCULUM BLVD. GREENEVILLE TN. 37743	SAUKSBURY ACQNT'S Occupation: OWNER	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NATHAN P. HORNER 210 SUSONG AVE GREENEVILLE TN. 37743	SELF-EMPLOYED Occupation: MEDICAL DOCTOR	6-30-98	500.00
Receipt For: <input checked="" 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
BILL TERRY LEONARD P.O. Box 416 GREENEVILLE TN. 37744-0416	LEONARD ASSOCIATES OF GREENEVILLE Occupation: OWNER	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
WAYNE ROBERTSON 2101 OLD TUSCULUM RD. GREENEVILLE TN. 37745	VAUGHN & MEYER Occupation: ENGINEER	6-30-98	500.00
Receipt For: <input checked="" 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
W.R. JOHNSON P.O. Box 1240 GREENEVILLE TN 37745	UNIVERSAL INTERNATIONAL Occupation: OFFICER	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
F. TOM HOPSON 1140 RIVER VILLAGE CAMP AFTON TN. 37616	FIVE RIVERS LLC Occupation: MANAGER	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
SUZAN P. LOVEN 914 MEADOWBROOK RD AFTON TN. 37616	N/A Occupation: HOUSEWIFE	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

WILLIAM A. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GARY K. TYSSINGER 4 SAGE COURT JOANSON CITY TN. 37604	Tyssinger & HAMPTON ENGINEER	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SANDRA LEE STANBERG 1400 GREATWOOD DRIVE GREENVILLE TN. 37743	SELF-EMPLOYED ATTORNEY	6-30-98	500.00
Receipt For: <input checked="" 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
ADRIAN S. KILDAY 905 TUSCULUM BLVD GREENVILLE TN. 37745	KILDAY ENTERPRISES OWNER	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
WILLIAM J. CONVERSE 95 MAPLE LAKE GREENVILLE TN. 37745	ALPINE INDUSTRIES OWNER/OFFICER	6-30-98	500.00
Receipt For: <input checked="" 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
S.L. RIVER 1195 PIGEON CREEK RD GREENVILLE TN. 37743	SUPERIOR BUS. FIRMS OWNER	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
MARK A. MAORY 4226 WILLOW WAY MARRISTOWN TN. 37814	WELKING SUPPLIES OF MARRISTOWN OFFICER	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
RYUSUKE KITO 152 MAGNOLIA DR. GREENVILLE TN. 37743	DTR OF TV. OFFICER	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

3500.00

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TOM GARLAND 1208 CHRISTY COURT GREENEVILLE TN. 37743	TUSCULUM College	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. in Res.	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SPENCER SMITH 223 CIRCLE DR. GREENEVILLE TN. 37745	AIR MOVERS	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	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
JAMES RICHARD P.O. Box 2461 GREENEVILLE TN 37744	NATURAL SPRINGS	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECT-OPERATIONS	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
BOB CAMPBELL 2908 WESTERN RD KNOXVILLE TN 37938	SELF-EMPLOYED	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ENGINEER	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
MIKE JACKSON 175 BUFFALO CR. LANE GREENEVILLE TN 37743	ALPINE INDUSTRIES	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	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
M. J. TURPIN 1116 TIMONAS, EAST GREENEVILLE TN. 37745	VAUGHN & MELTON	6-30-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ENGINEER	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
LOUISE HAWKS 1412 ROBERTSON BLVD ROGERVILLE TN. 37857	N/A	6-22-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOUSEWIFE	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress CD0318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GRANT SHARPE Rt 2 Box 348 HAMPTON TN 37658-4802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	INFO Requested Occupation Aggregate Year-to-Date > \$ 300.00	5-29-98	300.00
B. Full Name, Mailing Address and ZIP Code JIMMY J. CAUSLER P.O. Box 970 GREENEVILLE TN 37744 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	C&C MILLWRIGHT Occupation OFFICER Aggregate Year-to-Date > \$ 550.00	6-23-98 6-30-98	50.00 500.00
C. Full Name, Mailing Address and ZIP Code DAVID K. GARRIOTT 2120 Sheffield Kingsport TN 37660 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF-EMPLOYED Occupation MEDICAL DOCTOR Aggregate Year-to-Date > \$ 300.00	6-10-98	100.00
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)

950.00

TOTAL This Period (last page this line number only)

31750.00

CONTRIBUTIONS FROM POLITICAL PARTY COMMITTEES

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Committee to Elect Bobby Hicks 131 Blazer View Gray TN. 37615		4-17-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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

CONTRIBUTIONS FROM PAC'S

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress COU318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LoRILLARD Public Affairs Comm. 714 GREEN VALLEY Rd. GREENSBORO N.C. 27408		4-1-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NATIONAL RIGHT TO LIFE PAC, INC. 419 7TH ST. N.W. SUITE 500 WASHINGTON D.C. 20004		4-1-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
CAPAC 1154 15TH ST. N.W. SUITE 400 WASHINGTON D.C. 20005		4-1-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
GEN PAC 175 GREAT ROAD FAIRLAWN OHIO 44333		4-1-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
NORFOLK SOUTHERN GOOD BOY FUND #3 COMMERCE PLACE NORFOLK, VA. 23510		4-1-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
RAYTHEON Pol. Action Comm. 141 SPRING ST. LEXINGTON, MA 02173		4-1-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
AMERICAN MARITIME OFFICERS 650 4TH AVE. BROOKLYN, NY 11232		4-1-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 3500.00

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CONTRIBUTIONS FROM PAC'S

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Food Marketing Inst. 800 Connecticut Ave, N.W. WASHINGTON DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4-1-98	500.00
Aggregate Year-to-Date > \$ 500.00			
TRW Good Government Fund 1900 Richmond Rd. Cleveland OH 44124 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4-1-98	500.00
Aggregate Year-to-Date > \$ 500.00			
U.S. TEAM PAC 100 W. PUTNAM AVE GREENWICH CT 06830 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4-1-98	500.00
Aggregate Year-to-Date > \$ 500.00			
EASTPAC P.O. Box 511 KINGSPUIT TN 37082 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 98 <input type="checkbox"/> Other (specify):		4-1-98	2500.00
Aggregate Year-to-Date > \$ 2500.00			
CORA PAC 1130 17th St, N.W. WASHINGTON, D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4-1-98	500.00
Aggregate Year-to-Date > \$ 500.00			
AMERICAN BANKERS Assoc. (BankPac) 1120 Ct. Ave, N.W. WASHINGTON DC Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4-1-98 4-9-98	500.00 500.00
Aggregate Year-to-Date > \$ 1000.00			
ACRE - RURAL ELECTRIFICATION 4301 Wilson Blvd. ARLINGTON VA. 22203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		4-1-98	500.00
Aggregate Year-to-Date > \$ 500.00			

SUBTOTAL of Receipts This Page (optional)

6000.00

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NAME OF COMMITTEE (in Full)

William A. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICANS FOR A REPUBLICAN MAJORITY 1155 21ST ST. N.W. WASHINGTON D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1000.00	4-7-98	1000.00
B. Full Name, Mailing Address and ZIP Code SPRINT PAC P.O. Box 11315 KANSAS CITY MO 64112 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-9-98	500.00
C. Full Name, Mailing Address and ZIP Code TV. ROADBUILDERS ASSN PAC P.O. Box 190335 UPTOWN STATION NASHVILLE TN 37219 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-9-98	500.00
D. Full Name, Mailing Address and ZIP Code PRO PAC PROVIDENT BLDG., 7TH FLOOR CHATTANOOGA TN 37402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-9-98	500.00
E. Full Name, Mailing Address and ZIP Code INDEPENDENT BANKERS PAC #1 THOMAS CIRCLE, N.W. WASHINGTON, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-9-98	500.00
F. Full Name, Mailing Address and ZIP Code COCA COLA ENT. EMP. PAC P.O. Box 723040 ATLANTA GA 31139 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-3-98	500.00
G. Full Name, Mailing Address and ZIP Code AGC PAC 1957 E. ST. N.W. WASHINGTON D.C. 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-2-98	500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

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NAME OF COMMITTEE (in Full)

William A. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DEPAC (DAIRY FARMS OF AMERICA) 3253 E. CRESMONT EXPRESSWAY SPRINGFIELD MO 65802		4-9-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FARM CREDIT Pol. Action Com. 50 F ST. N.W. SUITE 900 WASHINGTON D.C. 20001		4-13-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
MICROSOFT PAC 11001 N.E. 36TH WAY REDMOND WA. 98073		4-13-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
AMERICAN CRYSTAL SUGAR PAC 101 W. 3RD ST. MOUNTAIN VIEW, MN. 56560		4-13-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
NATL PAC 2100 RIVER RD. DELRAND, IL 60018		4-16-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
HOUSE PAC # C 00033423 2700 SANDRAS RD PROSPECT HEIGHTS, IL. 60070		4-16-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BECHTEL PAC 50 BEALE ST SAN FRANCISCO CA 94119		4-16-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

CONTRIBUTORS FROM PAC'S

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)

William L. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip-Morris (Phil-Pac) 120 PARK AVE N.Y., N.Y. 10017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	4-18-98	1000.00
B. Full Name, Mailing Address and ZIP Code American Hospital Assoc. PAC 325 9th St., N.W. WASHINGTON, D.C. 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-17-98	500.00
C. Full Name, Mailing Address and ZIP Code Petroleum Mkt. Assn PAC 1901 N. Fort Myer Dr. ARLINGTON VA 22209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-17-98	500.00
D. Full Name, Mailing Address and ZIP Code Blue Pac (Blue Cross) 1310 G STREET, N.W. WASHINGTON D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	4-24-98	250.00
E. Full Name, Mailing Address and ZIP Code First American Corp (PAC) 1st American Center - 7th Floor WASHINGTON TN 37637 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-30-98	500.00
F. Full Name, Mailing Address and ZIP Code American Medical PAC 1101 VERMONT AVE, N.W. WASHINGTON D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-30-98	500.00
G. Full Name, Mailing Address and ZIP Code EMPAC (Brown & Williams son) P.O. Box 35090 Louisville KY 40232 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	4-29-98	500.00

SUBTOTAL of Receipts This Page (optional)	3750.00
TOTAL This Period (last page this line number only)	(blank)

CONTRIBUTORS FROM PAC'S

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NAME OF COMMITTEE (In Full)

WILLIAM A. "Bill" Jenkins For Congress CD0318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (in Period)
CAMPAIGN FOR A NEW AMERICAN CENTURY 1922 WEST END AVE. NASHVILLE TN. 37203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 500.00	5-7-98	500.00
B. Full Name, Mailing Address and ZIP Code AMERICAN NURSES ASSOC. PAC 600 MARYLAND AVE. S.W. SUITE 100 WASHINGTON, D.C. 20024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	5-7-98	500.00
C. Full Name, Mailing Address and ZIP Code FIRST TN. FEDERAL PAC P.O. BOX 84 MEMPHIS TN. 38101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	5-6-98	1000.00
D. Full Name, Mailing Address and ZIP Code PEOPLE PAC P.O. BOX 1518 BELLEVUE WA 98009 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	5-12-98	500.00
E. Full Name, Mailing Address and ZIP Code SPB-PAC (SOUTHERN BEECHER) 61 FRANKLIN PLAZA BOX 7929 PHILADELPHIA PA. 19101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	5-12-98	500.00
F. Full Name, Mailing Address and ZIP Code TELEVISION & RADIO PAC 1771 N. STREET, N.W. WASHINGTON D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	5-12-98	500.00
G. Full Name, Mailing Address and ZIP Code FLORIDA SUGAR CANE LEAGUE PAC 115 SOUTH KOPPEL ST. CRAWFORD, FL. 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	5-12-98	500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Employees For Action Committee 1725 JEFFERSON DAVIS HWY. ARLINGTON VA 22202		5-12-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BURKINGHAM IND. GOV. GOV. COMM. P.O. BOX 21207 GREENSBORO N.C. 27420		5-12-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ASCAP LEGISLATIVE FUND FOR ARTS #1 LINCOLN AREA NEW YORK NEW YORK		5-12-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
ICE CREAM MILK + CHEESE PAC 1250 H STREET N.W. STE 900 WASHINGTON DC 20005		5-16-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Bell South Telec. Fed. PAC 675 W. Peachtree St. ATLANTA GA.		4-1-98 4-9-98 4-9-98	1000.00 500.00 2000.00
Receipt For: <input checked="" type="checkbox"/> Primary (3000) <input checked="" type="checkbox"/> General (300) <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	3500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMERICAN ELECTRIC POWER PAC 801 PENNSYLVANIA AVE NW STE 217 WASHINGTON D.C. 20004		4-29-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
R.P.A.C. (REGULATORS) 430 N. MICHIGAN AVE CHICAGO ILL.		5-27-98 6-20-98	500.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1000.00

SUBTOTAL of Receipts This Page (optional) 7500.00

TOTAL This Period (last page this line number only)

CONTRIBUTIONS FROM PAC'S

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code NATURAL CATHERERS BEER ASSOC. PAC 5420 QUABOC ST. PO BOX 3469 GREENWOOD VILLAGE, CO 80155	Name of Employer  Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6-1-98	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4-1-98	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code LENT & SCRIBNER PAC P.O. BOX 2301 ARLINGTON VA 22202	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6-20-98	Amount of Each Receipt this Period 3500.00
C. Full Name, Mailing Address and ZIP Code ATAA PAC 1050 31ST ST. N.W. WASHINGTON, D.C. 20007	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6-30-98	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code NFIB SAFE TRUST 600 MARYLAND AVE STE 700 WASHINGTON D.C. 20024	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6-25-98	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code AMERICAN SUGAR CANE LEAGUE PAC PO. DRAWER 938 THEBOGAUX, LA 70302	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6-26-98	Amount of Each Receipt this Period 450.00
F. Full Name, Mailing Address and ZIP Code NRA POLITICAL VICTORY FUND 11250 WAPLES MILL RD FAIRFAX VA. 22030-7400	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)

6450.00

TOTAL This Period (last page this line number only)

39200.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 14

OFFSETS TO OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

William A. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
City of Kingsport, TN. Center St Kingsport TN. Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Refund of Rental Deposit Occupation	5-4-98	100.00 Aggregate Year-to-Date > \$ 100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... 100.00

TOTAL This Period (last page this line number only) ..... 100.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 6

FOR LINE NUMBER 17

*OPERATING EXPENDITURES*

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NAME OF COMMITTEE (in Full)

*William L. "Bill" Jenkins For Congress C00318584*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>WASHINGTON LINCOLN Group, LTD 14042 NE 5TH ST Bellevue WA 98007</i>	<i>COORDINATOR EVENT FEES</i>	<i>4-3-98</i>	<i>3000.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4-14-98</i>	<i>494.99</i>
<i>Citizen's Bank MAIN STREET Rogersville, TN 37857</i>	<i>941940 Payroll TAX DEDUITS</i>	<i>4-21-98</i>	<i>924.90</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6-15-98</i> <i>6-15-98</i>	<i>5686.05</i> <i>112.00</i>
<i>CITY OF Kingsport Kingsport, Tennessee</i>	<i>RENTAL OF Building FOR KICK-OFF EVENT</i>	<i>4-23-98</i>	<i>250.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<i>CAPITOL Hill Club WASHINGTON, D.C.</i>	<i>Meals For FUNDRAISER EVENT</i>	<i>5-4-98</i>	<i>1271.16</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6-24-98</i>	<i>133.58</i>
<i>THE STRATEGIC COMMUNICATIONS Group 5310 CURRYBARK PLACE Brentwood TN 37027</i>	<i>CAMPAIGN COMMUNITY'S FEES</i>	<i>5-8-98</i>	<i>3629.81</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5-29-98</i>	<i>3500.00</i>
<i>FIREHOUSE RESTAURANT &amp; CATERING W. WALNUT ST. Johnson City TN 37601</i>	<i>CATERING FOR CAMPAIGN KICK-OFF</i>	<i>5-12-98</i>	<i>2066.50</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<i>Tennessee Sports SHIRTS 122 S. Church ST. Rogersville, TN 37857</i>	<i>CAMPAIGN SHIRTS</i>	<i>5-21-98</i>	<i>1380.04</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<i>STARR IMPRINTS 1437010 STATE HIGH 70 Rogersville TN 37857</i>	<i>CAMPAIGN MATERIAL</i>	<i>5-29-98</i>	<i>684.69</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6-10-98</i>	<i>26660.88</i>
<i>ALICE SNODGRASS 212 Russell Drive Rogersville TN 37857</i>	<i>REIMBURSEMENT FOR FOOD AT FUNDRAISER</i>	<i>6/24/98</i>	<i>329.90</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

*26175.50*

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 2 OF 6  
FOR LINE NUMBER 17

*OPERATING EXPENDITURES*

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NAME OF COMMITTEE (In Full)

*William A. "Bill" Jenkins For Congress C00318584*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Patriot Signage, Inc. 1001 2nd Avenue Dayton KS 41074</i>	<i>CAMPAIGN SIGNS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6-18-98</i>	<i>4667.00</i>
<i>Doug Jenkins 196 W. Carey Cr. Rd. Rogersville TN 37857</i>	<i>REIMBURSEMENT FOR CAMPAIGN HATS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6-15-98</i>	<i>305.57</i>
<i>First Union Bank Main Street Rogersville TN 37857</i>	<i>CAMPAIGN OFFICE RENT</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6-10-98</i>	<i>600.00</i>
<i>Video, Inc. P.O. Box 724 Morristown, TN 37815-0724</i>	<i>COMPUTER &amp; SOFTWARE FOR CAMPAIGN</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/29/98</i>	<i>1291.22</i>
<i>Scott Collins Main St Sneedville TN 37869</i>	<i>REIMBURSEMENT FOR CAMPAIGN OUTINGS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/24/98</i>	<i>533.18</i>
<i>Kregi Resources 1015 Stonebridge Park Drive Franklin TN 37069</i>	<i>4/19/98 FUNDRAISING COORDINATOR FEE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4-14-98</i>	<i>2154.80</i>
<i>DANA Bell South 1 Corporate Place (FRANCOIS) Rd. Danvers, MA 01923</i>	<i>CATERING SERVICES 4/19/98 FUNDRAISER</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4-21-98</i>	<i>301.10</i>
<i>R. BRIAN PRICE C.P.A. P.O. Box 506 Rogersville TN 37857</i>	<i>CAMPAIGN ACCOUNTING &amp; DATABASE REPAIRING</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4-24-98 6-16-98</i>	<i>680.25 1425.00</i>
<i>Simply Tee-Riffic Rt 7 Box 1865 Rogersville TN 37857</i>	<i>CAMPAIGN T SHIRTS &amp; HATS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4-27-98</i>	<i>1666.70</i>

SUBTOTAL of Disbursements This Page (optional)

*13624.82*

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 6  
FOR LINE NUMBER 17

*OPERATING EXPENDITURES*

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NAME OF COMMITTEE (In Full)

*William A. "Bill" Jenkins For Congress COU 318584*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Bridget R. Baird 931 Foxglove Lane Morristown TN. 37814</i>	<i>CAMPAIGN STAFF PAYROLL</i>	<i>4-30-98</i>	<i>1870.57</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-29-98</i>	<i>3740.15</i>
	<input type="checkbox"/> Other (specify)	<i>6-26-98</i>	<i>3740.15</i>
B. Full Name, Mailing Address and ZIP Code	<i>REIMBURSEMENT CAMPAIGN PURCHASES</i>	<i>5-21-98</i>	<i>781.75</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	<i>CAMPAIGN STAFF PAYROLL</i>	<i>4-21-98</i>	<i>2627.55</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-8-98</i>	<i>2627.55</i>
	<input type="checkbox"/> Other (specify)	<i>6-10-98</i>	<i>2627.55</i>
D. Full Name, Mailing Address and ZIP Code	<i>REIMB. FOR SULLIVAN Co. VOTE LIST &amp; SUPPLIES</i>	<i>6-30-98</i>	<i>81.32</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>4-30-98</i>	<i>35.00</i>
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	<i>OFFICE SUPPLIES</i>	<i>4-13-98</i>	<i>14.13</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-4-98</i>	<i>263.63</i>
	<input type="checkbox"/> Other (specify)	<i>5-29-98</i>	<i>97.88</i>
F. Full Name, Mailing Address and ZIP Code	<i>OFFICE SUPPLIES &amp; COPIER RENTAL</i>	<i>6-25-98</i>	<i>97.88</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>6-30-98</i>	<i>14.28</i>
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	<i>4/17/98 EVENT/MEALS &amp; SPACE FOR FUNDRAISER</i>	<i>4-17-98</i>	<i>3549.18</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>6-4-98</i>	<i>22.31</i>
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	<i>KINGSPOUT CAMPAIGN OFFICE RENT</i>	<i>6-29-98</i>	<i>6000.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	<i>OFFICE SUPPLIES</i>	<i>4-23-98</i>	<i>43.39</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-29-98</i>	<i>216.99</i>
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

*23051.26*

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 6  
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

William L. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OFFICE MAX 1525 EAST STONE DRIVE KINGSPORT TN 37660	FAX MACHINE + COPY PAPER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-17-98	311.35
B. Full Name, Mailing Address and ZIP Code The Frost Family - Eddie Frost BRUNNIT STREET ROGERSVILLE TN 37857	BAND FEE FOR FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-25-98	250.00
C. Full Name, Mailing Address and ZIP Code Riley W. King 1234 HEATON ROAD SEWIERVILLE TN 37876	BAND FEE FOR FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-27-98	300.00
D. Full Name, Mailing Address and ZIP Code STRATEGIC PLANNING 150 KAMMERDOCKER AVE. BOHEMIA, N.Y. 11716	VOTERS ASSISTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-20-98	775.00
E. Full Name, Mailing Address and ZIP Code LUTHER MCKEETAN 563 JOBE RD. ELIZABETHTON TN 37043	REIMB. FOR RADIO & PRESS ADS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-15-98	269.10
F. Full Name, Mailing Address and ZIP Code Bell South 85 ANNEX ATLANTA GA 30385	Telephone Services + Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-21-98 4-30-98	185.00 48.80
G. Full Name, Mailing Address and ZIP Code	Telephone Bill + ADDITIONAL DEPOSIT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-25-98 6-25-98	448.72 595.00
H. Full Name, Mailing Address and ZIP Code	MONTHLY TELEPHONE + REWIRING BILL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-3-98 4-28-98	206.20 80.00
I. Full Name, Mailing Address and ZIP Code SPRINT P.O. BOX 96028 CHARLOTTE, N.C. 28296-0028	Telephone Bill KINGSPORT CAMPAIGN OFF. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-98	498.70

SUBTOTAL of Disbursements This Page (optional)

3967.87

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 5 OF 6  
FOR LINE NUMBER 17

*OPERATING EXPENDITURES*

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NAME OF COMMITTEE (In Full)

*William L. "Bill" Jenkins For Congress CD0318584*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>U.S. Post Office MAIN STREET Rogersville TN, 37857</i>	<i>POSTAGE</i>	<i>4-13-98</i>	<i>104.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>4-15-98</i>	<i>3.23</i>
	<input type="checkbox"/> Other (specify)	<i>4-15-98</i>	<i>3.23</i>
B. Full Name, Mailing Address and ZIP Code	<i>POSTAGE</i>	<i>4-21-98</i>	<i>32.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-5-98</i>	<i>32.00</i>
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	<i>POSTAGE</i>	<i>5-15-98</i>	<i>64.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-20-98</i>	<i>10.75</i>
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	<i>POSTAGE</i>	<i>6-3-98</i>	<i>128.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>6-10-98</i>	<i>32.00</i>
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	<i>POSTAGE</i>	<i>6-25-98</i>	<i>85.00</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>6-25-98</i>	<i>32.00</i>
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code <i>EAST TN. PRINTING P.O. Box 817 Rogersville TN, 37857</i>	<i>PRINTING FOR ADS + CAMPAIGN MATERIALS</i>	<i>4-13-98</i>	<i>32.03</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>4-30-98</i>	<i>133.81</i>
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	<i>PRINTING CAMPAIGN MATERIALS</i>	<i>5-4-98</i>	<i>52.20</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-5-98</i>	<i>428.89</i>
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	<i>PRINTING CAMPAIGN MATERIALS</i>	<i>5-12-98</i>	<i>71.78</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>5-21-98</i>	<i>352.35</i>
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	<i>PRINTING CAMPAIGN MATERIALS</i>	<i>6-10-98</i>	<i>91.35</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

*11689.22*

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 6  
FOR LINE NUMBER 17

*OPERATING EXPENDITURES*

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NAME OF COMMITTEE (in Full)

*WILLIAM L. "BILL" JENKINS FOR CONGRESS CO0318584*

A. 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>CROWN PLAZA HOTEL NASHVILLE, TENNESSEE</i>	<i>100ING @ FUNDRAISER</i>	<i>4-7-98</i>	<i>285.01</i>
<i>CONGRESSIONAL CLUB 2001 NEW HAMPSHIRE AVE WASHINGTON, D.C. 20009</i>	<i>BOOKLETS</i>	<i>6-15-98</i>	<i>290.00</i>
<i>GENERAL MORGAN INN 111 N. MAIN ST. GREENEVILLE TN. 37743</i>	<i>MEALS &amp; FACILITY CHARGES - FUNDRAISER</i>	<i>6-30-98</i>	<i>3341.55</i>
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

SUBTOTAL of Disbursements This Page (optional) .....

*3916.56*

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

*72375.23*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 21

OTHER DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

William A. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HEATHER WILSON FOR CONGRESS P.O. Box 14070 ALBUQUERQUE N.M. 87191	FEDERAL CONTRIBUTION NEW JERSEY (01)	5-20-98	500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) (SPECIAL) 500	6-30-98	500.00
VAN HILBARY FOR CONGRESS P.O. Box 492 CROSSVILLE, TENNESSEE	FEDERAL CONTRIBUTION TN. (04)	6-29-98	1000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1000 1000	6-29-98	1000.00
C. Full Name, Mailing Address and ZIP Code TENNESSEE REPUBLICAN PARTY CAMPAIGN COMMITTEE P.O. Box 150368 NASHVILLE TN. 37215	CONTRIBUTION	6-18-98	2000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

DEBTS AND OBLIGATIONS  
Excluding Loans

C00318584

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
William L. "Bill" Jenkins For Congress A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor WASHINGTON LINCOLN GROUP LTD, 14042 NE 8TH ST Bellevue, WA. 98007	3494.99	0.00	3494.99	0.00
Nature of Debt (Purpose): CONSULTANTS 3/98 INVOLVED-FUNDRAISER				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor The Strategic Communications Group 5310 CURRYDALE PLACE BRENTWOOD, TN. 37027	0.00	10629.81	7129.81	3500.00
Nature of Debt (Purpose): CAMPAIGN CONSULTANT FEES				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				3500.00
2) TOTALS This Period (last page in this file only)				3500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				3500.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-14-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<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>SEM</i> PREPARER	7-17-98 DATE PREPARED