

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)
William A. "Bill" Jenkins For Congress

ADDRESS (number and street) Check if different than previously reported.
P. O. Box 640

CITY, STATE and ZIP CODE STATE/DISTRICT
Rogersville TN. 37857

RECEIVED
FEDERAL ELECTION
COMMISSION 1311 ROOM

APR 21 11 56 AM '98

2. FEC IDENTIFICATION NUMBER
C00318584

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) 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
<i>01/01/98 through 03/31/98</i>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11 (e))	<i>27645.31</i>	<i>27645.31</i>
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	<i>27645.31</i>	<i>27645.31</i>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<i>9188.05</i>	<i>9188.05</i>
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	<i>9188.05</i>	<i>9188.05</i>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<i>110279.85</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>0.00</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<i>3494.99</i>	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-8420

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 TREAS.

Signature of Treasurer Date
4/14/98

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) WILLIAM L. "Bill" JENKINS FOR CONGRESS Report Covering the Period: From: 01/01/98 To: 03/31/98

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
I. RECEIPTS		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	9300.00	
(ii) Unitemized -----	3600.00	
(iii) Total of contributions from individuals -----	12900.00	12900.00
(b) Political Party Committees -----	30.00	30.00
(c) Other Political Committees (such as PACs) -----	14709.31	14709.31
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	27645.31	27645.31
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.) -----	4.47	4.47
16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15) -----	27649.78	27649.78
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	9188.05	9188.05
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 -----		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	9188.05	9188.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	92418.12	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	27649.78	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	120067.90	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	9188.05	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	110879.85	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS/OTHERS

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 C 00 318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Price 420 W. Main St. Robersville TN. 37857	ARMSTRONG INSURANCE Agency	3-25-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PARTNER	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
FREDERICK H. BRANOT 206 PRINCETON RD STE 25 Johnson City TN. 37601	BRANOT & BEESON	1-13-98	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	2-26-98	600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Beeson 2212 LAKELAND DRIVE Johnson City TN. 37601	BRANOT & BEESON	1-13-98	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	2-26-98	600.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John R. STAFFORD 497 D. WARD RD. JONESBOROUGH TN. 37059	STAFFORD Agency	1-24-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	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
John H. King P.O. Box 930 Kingsport TN. 37660	OWNER-AUTO DEALER	2-17-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AUTO SALES	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
George L. Prescley P.O. Box 1817 MT. CARMEL TN. 37045	FIRST AMERICAN Bank	2-18-98	900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BANKER	Aggregate Year-to-Date > \$ 900.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES E. SMITH 5214 FARRINGTON Rd. BETHESDA MD 20816	SMITH-FREE Group	3-11-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CONSULTING	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

5050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS/OTHER

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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
<i>William E. Timmons 4426 Garfield St. NW Washington DC, 20007</i>	<i>Timmons & Assoc.</i>	<i>3-14-98</i>	<i>1000.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>CONSULTING</i>	Aggregate Year-to-Date > \$ <i>1000.00</i>	
<i>J. Kenneth Porter 106 S. Mills Ave. Newport TN</i>	<i>SELF-EMPLOYED</i>	<i>3-16-98</i>	<i>1000.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>ATTORNEY</i>	Aggregate Year-to-Date > \$ <i>1000.00</i>	
<i>H. M. Rogers 326 Commerce St. Kingsport TN 37662</i>	<i>Rogers Ins. Agency Inc.</i>	<i>3-26-98</i>	<i>250.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>OWNER</i>	Aggregate Year-to-Date > \$ <i>250.00</i>	
<i>Weil, Gotshal & Manges LP Suite 700 1615 L St. NW Washington DC 20036-5610</i>	<i>PARTNERSHIP</i>	<i>3-26-98</i>	<i>* 1000.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>ATTORNEY</i>	Aggregate Year-to-Date > \$ <i>1000.00</i>	
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) *3250.00*

TOTAL This Period (last page this line number only)

FORM 1144 No Attribution Required as Allocated to (10) Individual Partners. All less than \$200,000.

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS (OTHERS)

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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
BARBOUR, GRIFFITH & ROGERS P.O. Box 900 GASCON CITY, MS 39199	PARTNERSHIP	3-31-98	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	SEE ATTRIBUTION BELOW
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY GRIFFITH 1275 PENNSYLVANIA AVE N.W. WASHINGTON D.C. 20004	BARBOUR, GRIFFITH & ROGERS	3-31-98	250.00 (MEMO)
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
HARRY BARBOUR 1275 PENNSYLVANIA AVE N.W. WASHINGTON D.C. 20004	BARBOUR, GRIFFITH & ROGERS	3-31-98	250.00 (MEMO)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	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
ED ROGER 1275 PENNSYLVANIA AVE N.W. WASHINGTON D.C. 20004	BARBOUR, GRIFFITH & ROGERS	3-31-98	250.00 (MEMO)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	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
CHRIS HENICK 1275 PENNSYLVANIA AVE N.W. WASHINGTON D.C. 20004	BARBOUR, GRIFFITH & ROGERS	3-31-98	250.00 (MEMO)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0	
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 > \$ 0	

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only) 9300.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(B)

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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
<i>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 FIRST ST WASHINGTON DC</i>	Occupation	3-4-98	18.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	3-4-98	18.00
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 > \$	

CIV-KING

36.00

36.00

36.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

CONTRIBUTIONS FROM PAC'S

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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
Federal Express PAC 2005 Corporate Ave Memphis, TN 38132		1-12-98	2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 2000.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LAMAR PAC P.O. Box 66538 Baton Rouge, LA 70896		1-24-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
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
OUTDOOR ADVERTISING POL. ACTION COMMITTEE 1850 M ST. N.W. WASHINGTON D.C. 20036		1-24-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
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
Dealers Election Action Comm. 5400 WESTPAK DR. Metairie LA. 70002		2-17-98	2500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 2500.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Deere & Co. Civic Action Fund John Deere Rd. Moline, IL 61265		2-27-98	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
AFSA Pol. Action Committee 919 18th St. N.W. (C-0003864) Washington D.C. 20006		3-3-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	2-25-98	1209.31 (JAN-KING)
Aggregate Year-to-Date > \$ 2209.31			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MCNA CORP. FEDERAL PAC WILMINGTON, DE. 19884-0614		3-11-98	2500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 2500.00			

SUBTOTAL of Receipts This Page (optional) 10209.31

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 CITICORP. VOLUNTARY POL. ACTION FUND 1101 PENNSYLVANIA AVE N.W. WASHINGTON DC. 20004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	3-11-98	
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 CONAGRA GOOD GOLF ASSOC. ONE CONAGRA DRIVE OMAHA, NE. 68102-5004	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	3-27-98	
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 DEAN WITBE & DISCOVER CO. POLITICAL ACTION COMMITTEE 1300 I STREET WASHINGTON DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	3-28-98	
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 HOUSE PAC (FEC # C00033423) 2700 SANDERS RD. PROSPECT HEIGHTS, IL 60070	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	3-26-98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

E. Full Name, Mailing Address and ZIP Code SALMON SMITH BARNEY HOLDINGS INC. BETTER GOVERNMENT COMMITTEE 388 GREENWICH ST NEW YORK NEW YORK 10013	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	3-31-98	
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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	14709.31

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

William H. "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>East TN Printing Co. P.O. Box 217 Rogersville TN 37857</i>	<i>CAMPAIGN MATERIALS & PRINTING</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3-10-98 2-4-98</i>	<i>887.62 58.73</i>
<i>The Peerless Restaurant 2531 W. Main St. Johnson City TN 37601</i>	<i>MEALS @ FUNDRAISER</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1-15-98</i>	<i>447.25</i>
<i>SKOBY'S 1001 KENNEDY AVE. KINGSPORT TN 37664</i>	<i>MEALS @ FUNDRAISER</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1-27-98</i>	<i>814.16</i>
<i>R. BRIAN PAUL - CERTIFIED PUBLIC ACCT. P.O. Box 506 Rogersville TN 37857</i>	<i>CAMPAIGN ACCOUNTING & DATABASE REPORTING</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1-23-98</i>	<i>3950.00</i>
<i>The Congressional Club 2001 New Hampshire Ave. Washington DC 20009</i>	<i>LITERATURE</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1-15-98</i>	<i>290.00</i>
<i>Capitol Hill Club Washington DC</i>	<i>DUES & MEALS</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1-28-98 3-23-98</i>	<i>200.00 221.82</i>
<i>AFSA Pol. Action Committee 919 18th N.W. (C-0003864) Washington DC 20006</i>	<i>MEALS AT HYATT REGENCY RECEPTION</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2-25-98</i>	<i>1209.31 (IN-KIND)</i>
<i>National Republican Congressional Committee 320 First St Washington DC</i>	<i>SATELLITE FEED</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3-4-98 3-4-98</i>	<i>1800 18.00 (IN-KIND)</i>
<i>I. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

SUBTOTAL of Disbursements This Page (optional)

8114.89

TOTAL This Period (last page this line number only)

8114.89

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

C00318584

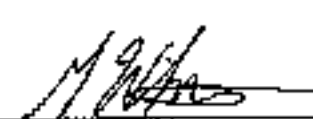
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (In Full) <i>William L. "Bill" Jenkins For Congress</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>WASHINGTON LINCOLN COMP LTD. 14042 NE 6TH STREET Bellevue, WA 98007</i>	0.00	3494.99	0.00	3494.99
Nature of Debt (Purpose): <i>CONSULTANTS 3RD INVOICE on FUNDRAISER</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
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)				3494.99
2) TOTALS This Period (last page in this line only)				3494.99
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)				3494.99

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 4/15/98
<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	
 PREPARER	4/21/98 DATE PREPARED