

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSIONS MAIL ROOM

Oct 23 2 58 PM '98

USE PEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) C00110577 Janet Chrzan		2. FEC IDENTIFICATION NUMBER C00110577
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Lincoln National Corporation Political Action Committee 200 East Berry Street, P. O. Box 7813		
CITY, STATE and ZIP CODE Fort Wayne, IN 46801		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Prior to January 1, 1994		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the General  
(Type of Election)  
election on 11-3-98 in the State of IN
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>October 1, 1998</u> through <u>October 14, 1998</u>			
6. (a)	Cash on Hand January 1, 1998		\$ 50,085.91
(b)	Cash on Hand at Beginning of Reporting Period	\$ 39,333.59	
(c)	Total Receipts (from Line 10)	\$ 2,630.09	\$ 48,126.09
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 41,963.68	\$ 98,212.00
7.	Total Disbursements (from Line 30)	\$ 10,500.00	\$ 66,748.32
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 31,463.68	\$ 31,463.68
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 980 E Street, NW Washington, DC 20463 Tel Free 800-424-9530 Local 202-218-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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~~ Assistant Treasurer  
Walter W. Bonham, Jr.

Signature of ~~Treasurer~~ Assistant Treasurer

*Walter W. Bonham, Jr.*

Date  
October 16, 1998

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 3X  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE  
LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD  
FROM Oct. 1, 1998 TO Oct. 14, 1998

	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,900.26	26,930.56	11(a)
ii. Unitemized	729.83	20,674.48	11(b)
iii. Total (add i and ii) >	2,630.09	47,605.04	11(c)
b. Political Party Committees			12(a)
c. Other Political Committees (such as PACs)			12(b)
d. Total Contributions (add a ii, b and c) >	2,630.09	47,605.04	12(c)
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)		521.05	18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,630.09	48,126.09	20
20. Total Federal Receipts (subtract line 18 from line 19) >			
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share			21(b)
ii. Non-Federal Share		144.00	21(c)
b. Other Federal Operating Expenditures			21(d)
c. Total Operating Expenditures (add a i, a ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,500.00	63,700.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(c)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >		2,904.32	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,500.00	66,748.32	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 12  
FOR LINE NUMBER 11 a 1

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)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jacquelyn Meng Abbott 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$19.23 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Undefined	Aggregate Year-to-Date > \$ 384.60	\$19.23
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jon A. Bostia 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$144.23 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO & President	Aggregate Year-to-Date > \$ 2,413.46	\$144.23
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Janet Whitney Chrzan 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$13.50 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President & Treas.	Aggregate Year-to-Date > \$ 270.00	\$13.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joanne B. Collins 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$20.90 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Second Vice President	Aggregate Year-to-Date > \$ 411.00	\$20.90
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Edward Davis 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$50.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date > \$ 1,000.00	\$50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
June Ellen Drawry 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$63.46 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date > \$ 1,269.20	\$63.46
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J. Michael Keefer 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (set page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 2 OF 12  
FOR LINE NUMBER 11 of 1

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**NAME OF COMMITTEE (in Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE COD110577

<b>A. Full Name, Mailing Address and ZIP Code</b> Barbara S. Kowalczyk 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln National Corporation	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$54.62 per 1 pay period)  \$54.62
	Occupation Senior Vice President Aggregate Year-to-Date > \$ 1,054.83	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>B. Full Name, Mailing Address and ZIP Code</b> Edward Bryan Martin 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln National Corporation	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$16.63 per 1 pay period)  \$16.63
	Occupation Vice President Aggregate Year-to-Date > \$ 332.60	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>C. Full Name, Mailing Address and ZIP Code</b> Michael E. McMath 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln National Corporation	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$10.00 per 1 pay period)  \$10.00
	Occupation Vice President Aggregate Year-to-Date > \$ 200.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>D. Full Name, Mailing Address and ZIP Code</b> Donald Forrest Noland 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln National Corporation	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$10.00 per 1 pay period)  \$10.00
	Occupation Vice President Aggregate Year-to-Date > \$ 200.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>E. Full Name, Mailing Address and ZIP Code</b> Barbara Ann Phillips 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln National Corporation	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$18.47 per 1 pay period)  \$18.47
	Occupation Second Vice President Aggregate Year-to-Date > \$ 360.60	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>F. Full Name, Mailing Address and ZIP Code</b> Mark Andrew Pope 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln National Corporation	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$29.81 per 1 pay period)  \$29.81
	Occupation Vice President Aggregate Year-to-Date > \$ 596.20	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>G. Full Name, Mailing Address and ZIP Code</b> Stephen D. Prendergast 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln National Corporation	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$10.00 per 1 pay period)  \$10.00
	Occupation Second Vice President Aggregate Year-to-Date > \$ 200.00	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	

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

**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 **3** OF **12**  
FOR LINE NUMBER **11 a 1**

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Richard S. Robertson 200 East Berry Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Corporation</p> <p><b>Occupation</b> Executive Vice President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,000.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt this Period</b> (\$50.00 per 1 pay period)</p> <p>\$50.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Ian McKenzie Rolland 200 East Berry Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Corporation</p> <p><b>Occupation</b> Retired CEO</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,852.68</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt this Period</b> (0.00 per 1 pay period)</p> <p>\$0.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Dennis L. Schoff 200 East Berry Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Corporation</p> <p><b>Occupation</b> Second Vice President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 200.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt this Period</b> (\$10.00 per 1 pay period)</p> <p>\$10.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Casey J. Trumble 200 East Berry Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Corporation</p> <p><b>Occupation</b> Vice President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 692.40</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt this Period</b> (\$34.62 per 1 pay period)</p> <p>\$34.62</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Richard Charles Vaughan 200 East Berry Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Corporation</p> <p><b>Occupation</b> Executive Vice President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,653.80</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt this Period</b> (\$82.69 per 1 pay period)</p> <p>\$82.69</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Michael Dean Wilkins 200 East Berry Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Corporation</p> <p><b>Occupation</b> Vice President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 200.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Weekly Deduction</p>	<p><b>Amount of Each Receipt this Period</b> (\$10.00 per 1 pay period)</p> <p>\$10.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Robert D. Bond 1300 South Clinton Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Life Insurance Company</p> <p><b>Occupation</b> Vice President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 300.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt this Period</b> (\$50.00 per 1 pay period)</p> <p>\$50.00</p>

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

**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 4 OF 12  
FOR LINE NUMBER 11 of 1

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**NAME OF COMMITTEE (in Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carolyn Post Brody 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$15.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 300.00	\$15.00
Priscilla Sims Brown 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Gregory Richard Childs 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Second Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Kelly Dwain Clevenger 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$15.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 300.00	\$15.00
William John Cooper 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Elizabeth Ann Frederick 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$28.85 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 577.00	\$28.85
Lucy Denise Gase 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 12  
FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert F. Haran 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$0.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Undefined	Aggregate Year-to-Date > \$ 200.00	\$0.00
Donald Eugene Keller 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$20.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 400.00	\$20.00
Stephen Hinsdale Lewis 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$58.40 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date > \$ 1,139.51	\$58.40
Mary Ann McDonald 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$14.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant Vice President	Aggregate Year-to-Date > \$ 280.00	\$14.00
Robert V. Molenda 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$20.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional CEO	Aggregate Year-to-Date > \$ 200.00	\$20.00
James Agrippa Morrill 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$20.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Second Vice President	Aggregate Year-to-Date > \$ 380.00	\$20.00
Howard Anthony Polk 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 6 OF 12  
FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen Edward Rahn 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$24.08 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 481.60	\$24.08
Keith J. Ryan 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$15.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date > \$ 300.00	\$15.00
Bill L. Sanders 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$28.04 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 558.96	\$28.04
Gabriel L. Shaheen 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$15.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CEO	Aggregate Year-to-Date > \$ 300.00	\$15.00
Michael Scott Smith 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
O. Douglas Worthington 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$29.54 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 589.06	\$29.54
Kenneth Robert Yahne 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life Insurance Company	Bi-Weekly Payroll Deduction	(\$20.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Second Vice President	Aggregate Year-to-Date > \$ 400.00	\$20.00

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

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

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Timothy Scott Wittman 630 Fifth Avenue New York, NY 10111</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Vantage Global Advisors</p> <p><b>Occupation</b> President</p> <p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 600.00</p>	<p><b>Amount of Each Receipt This Period</b> (\$0.00 per 1 pay period)</p> <p>\$0.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Roland Charles Baker 1801 South Meyers Road Oakbrook Terrace, IL 60181</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> First Penn-Pacific Life Insurance Company</p> <p><b>Occupation</b> President</p> <p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,000.00</p>	<p><b>Amount of Each Receipt This Period</b> (\$50.00 per 1 pay period)</p> <p>\$50.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Marcia L. Dumond 1801 South Meyers Road Oakbrook Terrace, IL 60181</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> First Penn-Pacific Life Insurance Company</p> <p><b>Occupation</b> Vice President</p> <p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Amount of Each Receipt This Period</b> (\$25.00 per 1 pay period)</p> <p>\$25.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> James David Burgoon 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Reassurance Company</p> <p><b>Occupation</b> Undefined</p> <p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 200.00</p>	<p><b>Amount of Each Receipt This Period</b> (\$10.00 per 1 pay period)</p> <p>\$10.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Donald Calvert Chambers 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Reassurance Company</p> <p><b>Occupation</b> Vice President</p> <p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 200.00</p>	<p><b>Amount of Each Receipt This Period</b> (\$10.00 per 1 pay period)</p> <p>\$10.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Stephen T. Clinton 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Reassurance Company</p> <p><b>Occupation</b> Vice President</p> <p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Amount of Each Receipt This Period</b> (\$12.50 per 1 pay period)</p> <p>\$12.50</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> David A. Hopper 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Reassurance Company</p> <p><b>Occupation</b> Undefined</p> <p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 200.00</p>	<p><b>Amount of Each Receipt This Period</b> (\$10.00 per 1 pay period)</p> <p>\$10.00</p>

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

**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

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

<b>A. Full Name, Mailing Address and ZIP Code</b> Jess L. Mast 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	<b>Name of Employer</b> Lincoln National Reassurance Company	<b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction	<b>Amount of Each Receipt This Period</b> (\$15.00 per 1 pay period)  \$15.00
	<b>Occupation</b> Second Vice President <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>B. Full Name, Mailing Address and ZIP Code</b> Janette Marie McNall 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	<b>Name of Employer</b> Lincoln National Reassurance Company	<b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction	<b>Amount of Each Receipt This Period</b> (\$10.00 per 1 pay period)  \$10.00
	<b>Occupation</b> Assistant Vice President <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>C. Full Name, Mailing Address and ZIP Code</b> John Richard McWhorter 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	<b>Name of Employer</b> Lincoln National Reassurance Company	<b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction	<b>Amount of Each Receipt This Period</b> (\$11.77 per 1 pay period)  \$11.77
	<b>Occupation</b> Regional Vice President <b>Aggregate Year-to-Date</b> > \$ 232.04	<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>D. Full Name, Mailing Address and ZIP Code</b> Don Sheldon Potter 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	<b>Name of Employer</b> Lincoln National Reassurance Company	<b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction	<b>Amount of Each Receipt This Period</b> (\$16.42 per 1 pay period)  \$16.42
	<b>Occupation</b> Assistant Vice President <b>Aggregate Year-to-Date</b> > \$ 322.94	<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>E. Full Name, Mailing Address and ZIP Code</b> Gregory Scott Rose 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	<b>Name of Employer</b> Lincoln National Reassurance Company	<b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction	<b>Amount of Each Receipt This Period</b> (\$10.00 per 1 pay period)  \$10.00
	<b>Occupation</b> Assistant Vice President <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>F. Full Name, Mailing Address and ZIP Code</b> Arthur S. Ross 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	<b>Name of Employer</b> Lincoln National Reassurance Company	<b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction	<b>Amount of Each Receipt This Period</b> (\$10.00 per 1 pay period)  \$10.00
	<b>Occupation</b> Senior Vice President <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>G. Full Name, Mailing Address and ZIP Code</b> Lawrence Thomas Rowland 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	<b>Name of Employer</b> Lincoln National Reassurance Company	<b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction	<b>Amount of Each Receipt This Period</b> (\$35.00 per 1 pay period)  \$35.00
	<b>Occupation</b> President <b>Aggregate Year-to-Date</b> > \$ 700.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	

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**SCHEDULE A**

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

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald W. Seely 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	Lincoln National Reassurance Company	Bi-Weekly Payroll Deduction	(\$21.15 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Second Vice President	Aggregate Year-to-Date > \$ 419.00	\$21.15
Kenneth Duane Thieme 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	Lincoln National Reassurance Company	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Second Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Katherine Kiester Wyss 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	Lincoln National Reassurance Company	Bi-Weekly Payroll Deduction	(\$20.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 400.00	\$20.00
Timothy J. Alford 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	Lincoln National Health & Casualty Ins. Co.	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Karen L. Bobilier 200 East Berry Street Fort Wayne, IN 46802	Lincoln Investment Management, Inc.	Bi-Weekly Payroll Deduction	(\$14.37 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant Vice President	Aggregate Year-to-Date > \$ 287.40	\$14.37
Steven Reid Brody 200 East Berry Street Fort Wayne, IN 46802	Lincoln Investment Management, Inc.	Bi-Weekly Payroll Deduction	(\$50.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date > \$ 1,000.00	\$50.00
Joseph William Clark 200 East Berry Street Fort Wayne, IN 46802	Lincoln Investment Management, Inc.	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00

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**SCHEDULE A**

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

<b>A. Full Name, Mailing Address and ZIP Code</b> Luke Norbert Girard 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln Investment Management, Inc.	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$10.00 per 1 pay period)
	Occupation Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Betty Jane Kite 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln Investment Management, Inc.	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$10.00 per 1 pay period)
	Occupation Second Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> H. Thomas McMeekin 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln Investment Management, Inc.	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$40.00 per 1 pay period)
	Occupation President	Aggregate Year-to-Date > \$ 800.00	\$40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> David Joseph Miller 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln Investment Management, Inc.	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$10.00 per 1 pay period)
	Occupation Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> J. David Moore 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln Investment Management, Inc.	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$10.00 per 1 pay period)
	Occupation Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> J. Steven Staggs 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln Investment Management, Inc.	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$10.00 per 1 pay period)
	Occupation Vice President	Aggregate Year-to-Date > \$ 200.00	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Ann L. Warner 200 East Berry Street Fort Wayne, IN 46802	Name of Employer Lincoln Investment Management, Inc.	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt this Period (\$20.00 per 1 pay period)
	Occupation Vice President	Aggregate Year-to-Date > \$ 400.00	\$20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Diana L. Hilmer 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> LNC Administrative Services Corporation</p> <p><b>Occupation</b> Vice President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 423.82</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt This Period</b> (\$21.73 per 1 pay period)</p> <p>\$21.73</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Bruce Daniel Barton 200 East Berry Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Investment Companies, Inc.</p> <p><b>Occupation</b> President, Delaware Distr.</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt This Period</b> (\$25.00 per 1 pay period)</p> <p>\$25.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Jeffrey Joseph Nick 200 East Berry Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln National Investment Companies, Inc.</p> <p><b>Occupation</b> CEO</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 960.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt This Period</b> (\$80.00 per 1 pay period)</p> <p>\$80.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> William R. Heardslee, Jr. 1300 South Clinton Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln Financial Group, Inc.</p> <p><b>Occupation</b> Regional CEO</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 200.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt This Period</b> (\$10.00 per 1 pay period)</p> <p>\$10.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> David Lee Burch 1300 South Clinton Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln Financial Group, Inc.</p> <p><b>Occupation</b> Regional CEO</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 325.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt This Period</b> (\$25.00 per 1 pay period)</p> <p>\$25.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Jeffrey C. Carleton 1300 South Clinton Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln Financial Group, Inc.</p> <p><b>Occupation</b> Regional CEO</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 550.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt This Period</b> (\$50.00 per 1 pay period)</p> <p>\$50.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Hollis B. Downs 1300 South Clinton Street Fort Wayne, IN 46802</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Lincoln Financial Group, Inc.</p> <p><b>Occupation</b> Regional CEO</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b> Bi-Weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt This Period</b> (\$50.00 per 1 pay period)</p> <p>\$50.00</p>

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Phillip A. Hartman 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln Financial Group, Inc.	Bi-Weekly Payroll Deduction	(\$15.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional CEO Aggregate Year-to-Date > \$ 300.00		\$15.00
Martin Murphy 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln Financial Group, Inc.	Bi-Weekly Payroll Deduction	(\$20.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional CEO Aggregate Year-to-Date > \$ 220.00		\$20.00
Charles H. Woodward III 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln Financial Group, Inc.	Bi-Weekly Payroll Deduction	(\$31.25 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional CEO Aggregate Year-to-Date > \$ 625.00		\$31.25
K. Loy Fisel 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	Lincoln National Risk Management, Inc.	Bi-Weekly Payroll Deduction	(\$10.00 per 1 pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Second Vice President Aggregate Year-to-Date > \$ 200.00		\$10.00
Martha E. Boyle 1730 Akron Peninsula Road #4 Akron, OH 44313	Lincoln Financial Advisors, Div. of Cleveland, OH, RPO		\$0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Agent Aggregate Year-to-Date > \$ 500.00		\$0.00
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 > \$		
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) .....

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

\$1,900.26

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Whitfield for Congress P. O. Box 391 Hopkinsville, KY 42241	U.S. Representative Kentucky Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/98	\$1,000.00
Ehrlich for Congress P. O. Box 932 Hunt Valley, MD 21030	U.S. Representative Maryland Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/98	\$ 500.00
Weldon for Congress Committee 25353 Worton-Lynch Road Worton, MD 21678	U.S. Representative Pennsylvania Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/98	\$ 500.00
National Republican Congressional Committee, Attn: Lynn Miller 320 First Street, S.E. Washington, DC 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Political Contribution	10/01/98	\$5,000.00
Kevin O'Connor for Congress One Congress Street P. O. Box 231335 Hartford, CT 06123	U.S. Representative Connecticut Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	\$ 500.00
Friends of Newt Gingrich P. O. Box 1399 Roswell, GA 30077	U.S. Representative Georgia Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	\$1,000.00
Volunteers for Vento P. O. Box 65254 5th & Minnesota Streets, Room 905 St. Paul, MN 55165	U.S. Representative Minnesota Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	\$ 500.00
Tim Holden for Congress c/o Jim Morrill Lincoln National Corporation	U.S. Representative Pennsylvania Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	\$ 500.00
Friends of Senator D'Amato P. O. Box 888 Mineola, NY 11501	U.S. Senate New York Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	\$ 500.00

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

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 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE C00110577

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Bliley for Congress c/o Jim Morrill Lincoln National Corporation	U.S. Representative Virginia Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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) .....	
TOTAL This Period (last page this line number only) .....	\$10,500.00



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 10/19/98
<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>PSS</i> PREPARER	10/23/98 DATE PREPARED