

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
U.S. GOVERNMENT PRINTING OFFICE

Apr 13 11 20 AM '98

1. NAME OF COMMITTEE (in full) Provident Life and Accident Insurance Company Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1 Fountain Square	2. FEC IDENTIFICATION NUMBER CC0177435
CITY, STATE and ZIP CODE Chattanooga TN 37402	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date)

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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01-01-98</u> through <u>03-31-98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>	\$	\$ 2,734.47
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,734.47	
(c) Total Receipts (from line 19)	\$ 3,245.96	\$ 3,245.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,980.43	\$ 5,980.43
7. Total Disbursements (from Line 30)	\$ 2,191.75	\$ 2,191.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,788.68	\$ 3,788.68
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E. Street, NW Washington, DC 20463 Toll Free 800-424-9590 Local 202-376-5120
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	
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 Henry T. Gardin	
Signature of Treasurer 	Date 04-07-98

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

Name/Committee Provident Life and Accident Insurance Company Political Action Committee		Report Covering the Period From 01-01-98 To 03-31-98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		1,527.26	1,527.26
ii. Unitemized		1,695.95	1,695.95
iii. Total	(add i and ii)	3,223.21	3,223.21
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a iii, b and c)	3,223.21	3,223.21
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		22.75	22.75
18. Transfers from Nontederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18)	3,245.96	3,245.96
20. Total Federal Receipts	(subtract line 18 from line 19)	3,245.96	3,245.96
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non Federal Share			
b. Other Federal Operating Expenditures		91.75	91.75
c. Total Operating Expenditures	(Add a i, a ii, and b)	91.75	91.75
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		2,000.00	2,000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (Use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(Add a, b and c)	100.00	100.00
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d and 29)	2,191.75	2,191.75
31. Total Federal Disbursements	(subtract line 21 a ii from line 30)	2,191.75	2,191.75
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		3,223.21	3,223.21
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		3,223.21	3,223.21
35. Total Federal Operating Expenditures	(add 21 a i and 21 b)	91.75	91.75
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35)	91.75	91.75

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
 Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177435

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert O Beat 1810 E Brow Rd Signal Mtn TN 37377	Provident Life and Accident Insurance Company (FLA)	Bi-Weekly Payroll Deduction (BED)	187.25 26.75 Per Pay Period (PPP)
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Executive	Aggregate Year-To-Date > \$ 187.25	
J Harold Chandler 209 Fleetwood Dr Lookout Mtn TN 37350	PLA	BPD	280.00 40.00 PPP
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman, Pres & CRO	Aggregate Year-To-Date > \$ 280.00	
Thomas S Keys Jr 215 Primrose Way Signal Mtn TN 37377	PLA	BPD	175.21 25.03 PPP
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Executive	Aggregate Year-To-Date > \$ 175.21	
Robert L Katz 1742 Ganasita Trl Chattanooga TN 37405	PLA	BPD	175.00 25.00 PPP
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Actuary	Aggregate Year-To-Date > \$ 175.00	
Ralph W Mohnney Jr 7 St Ives Way Signal Mtn TN 37377	PLA	BPD	114.80 16.40 PPP
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Executive	Aggregate Year-To-Date > \$ 114.80	
Ralph A Rogers Jr 1603 Rockland Ct Cleveland TN 37311	PLA	BPD	105.00 15.00 PPP
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Executive	Aggregate Year-To-Date > \$ 105.00	
Thomas R Watjen P O Box 281 Lookout Mtn TN 37350	PLA	BPD	175.00 25.00 PPP
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Executive	Aggregate Year-To-Date > \$ 175.00	

SUBTOTAL of Receipts This Page (optional)	1,212.26
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of Detailed Summary

PAGE 2 OF 2

FORM LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
 Provident Life and Accident Insurance Company Political Action Committee

FEC ID No. C00177435

A. Full Name, Mailing Address and ZIP Code Frederick A Williams 12228 Apison Pike Apison TN 37302 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PLA Occupation VE Systems Aggregate Year-To-Date > \$ 175.00	Date (month, day, year) 8/20	Amount of Each Receipt this Period 25.00 PFP 175.00
B. Full Name, Mailing Address and ZIP Code Richard Alan Wolf 1314 Brow Estates Dr Signal Mtn TN 37377 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PLA Occupation Insurance Executive Aggregate Year-To-Date > \$ 140.00	Date (month, day, year) 8/20	Amount of Each Receipt this Period 20.00 PFP 140.00
C. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			315.00
TOTAL This Period (last page this line number only)			1,527.26

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Provident Life and Accident Insurance
 Company Political Action Committee

FEC ID No. C00177435

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AmSouth Bank of TN 601 Market Street Chattanooga TN 37402		01-28-98	8.90
	Occupation	02-25-98	9.75
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Int on Chg Acct	Aggregate Year-To-Date > \$		18.65
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Provident Credit Union 1 Fountain Sq Chattanooga TN 37402		03-31-98	4.10
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Div on Shr Acct	Aggregate Year-To-Date > \$		4.10
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):	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):	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):	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):	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):	Aggregate Year-To-Date > \$		

SUBTOTAL of Receipts This Page (optional)	22.75
TOTAL This Period (last page this line number only)	22.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sheets for each category of Detailed Summary	PAGE	OF
	1	1
FOR LINE NUMBER 21b		

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NAME OF COMMITTEE (in Full)
 Provident Life and Accident Insurance
 Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AmSouth Bank of TN 501 Market St Chattanooga TN 37402	Bank Service Charges		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	01-28-98	12.00
	<input checked="" type="checkbox"/> Other (specify) Bk Svcs Ch	02-26-98	12.00
B. Full Name, Mailing Address and ZIP Code Provident Credit Union 1 Fountain Square Chattanooga TN 37402	Blank Check Stock		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	03-31-98	67.75
	<input checked="" type="checkbox"/> Other (specify) Checks		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	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
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	91.75
TOTAL This Period (last page this line number only)	91.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (In Full)
 Provident Life and Accident Insurance
 Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frist 2000 4205 Hillsboro Rd Suite 306 Nashville TN 37215-3336	Contri-Fed Candidate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-12-98	1,000.00
B. Full Name, Mailing Address and ZIP Code American Textile Ind Comm For Good Gov't PAC (ATICGG) 1130 Connecticut Ave NW Ste 1200 Washington DC 20036	Contri to Other PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-30-98	500.00
C. Full Name, Mailing Address and ZIP Code Bill Jenkins for Congress 1015 Stonebridge Park Dr Franklin TN 37069	Contri-Fed Candidate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-31-98	500.00
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 Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary

PAGE 1 OF 1

FOR LINE NUMBER 29

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

NAME OF COMMITTEE (In Full)
 Provident Life and Accident Insurance Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contri Non-Fed Cand Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
Friends of John Mark Windle P O Box 707 Livingston TN 38570		01-08-98	100.00
B. 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
C. 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
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 Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	100.00

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 4/18/98
<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>E.F.</i>	 4/13/98
PREPARER	DATE PREPARED