REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00110577
Max A. Roesler

ADDRESS (number and street) ☐ Check if different than previously reported
Lincoln National Corporation Political Action Committee
1300 South Clinton Street, P.O. Box 7813

CITY, STATE and ZIP CODE
Fort Wayne, IN 46801

2. FEC IDENTIFICATION NUMBER
C00110577

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Prior to 1-1-94

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

☐ 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 7-1-93 through 12-31-93		
6. (a) Cash on Hand January 1, 19____		$ 8,211.42
(b) Cash on Hand at Beginning of Reporting Period	$ 5,457.07	
(c) Total Receipts (from Line 19)	$16,488.65	$34,126.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$21,945.72	$42,337.62
7. Total Disbursements (from Line 30)	$ 9,369.23	$29,761.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$12,576.49	$12,576.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of TREASURER Assistant Treasurer
Walter W. Bonham, Jr.

Signature of Treasurer
Walter W. Bonham, Jr.

Date 1-25-94

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

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 C00110577
Lincoln National Corporation Political Action Committee

REPORT COVERING PERIOD FROM 7-1-93 TO: 12-31-93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
1. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	14,724.90	25,497.61
ii. Unitemized	1,588.21	8,258.16
iii. Total (add i and ii) ➤	16,313.11	33,755.77
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	16,313.11	33,755.77
11. Transfers From Affiliated/Other Party Committees		
12. All Loans Received		
13. 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.)	175.54	370.43
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	16,488.65	34,126.20
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
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	.00	150.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	.00	150.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,350.00	29,050.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees K. David Wheeler	19.23	561.13
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	19.23	561.13
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28c, and 29) ➤	9,369.23	29,761.13
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 27

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C 00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert A. Anker 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln National Corporation Occupation: President & Chief Operating Officer Aggregate Year-to-Date $	7-9-93 7-23-93 8-6-93 8-20-93 9-3-93	88.46 88.46 88.46 88.46 88.46
B. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	9-17-93 10-01-93 10-15-93 10-29-93 11-12-93	88.46 88.46 88.46 88.46 88.46
C. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $2293.23	11-26-93 12-10-93 12-23-93	88.46 88.46 88.46
D. Marcia L. Dumond 1300 South Clinton Street P.O. Box 1110 Ft. Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lincoln National Corporation Occupation: Vice President Aggregate Year-to-Date $	7-9-93 7-23-93 8-6-93 8-20-93	41.15 41.15 41.15 41.15
E. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	9-3-93 9-17-93 10-1-93 10-15-93	41.15 41.15 41.15 41.15
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	10-29-93 11-12-93 11-26-93 12-10-93	41.15 41.15 41.15 41.15
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1067.98	12-23-93	41.15

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

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

94 3875 1353

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Peter Kenneth Dunsing 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify)	Lincoln National Corporation Executive Vice President	7-9-93 7-23-93 8-6-93 8-20-93 9-3-93	153.85 153.85 153.85 153.85 153.85
Aggregate Year-to-Date > $			
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation	9-17-93 10-1-93 10-15-93 10-29-93	153.85 153.85 153.85 153.85
Aggregate Year-to-Date > $			
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation	11-12-93 11-26-93 12-10-93 12-23-93	153.85 153.85 153.85 153.85
Aggregate Year-to-Date > $ 3,836.63			
D. Full Name, Mailing Address and ZIP Code Ian McKenzie Rolland 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify)	Name of Employer Lincoln National Corporation Occupation COB & CEO	7-9-93 7-23-93 8-6-93 8-20-93	154.39 154.39 154.39 154.39
Aggregate Year-to-Date > $			
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation	9-3-93 9-17-93 10-1-93 10-15-93	154.39 154.39 154.39 154.39
Aggregate Year-to-Date > $			
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation	10-29-93 11-12-93 11-26-93 12-10-93	154.39 154.39 154.39 154.39
Aggregate Year-to-Date > $			
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation	12-23-93	154.39
Aggregate Year-to-Date > $ 4,016.12			

SUBTOTAL of Receipts This Page (optional) >

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

2 4 0 3 9 7 5 1 3 5 4

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Charles Vaughan 1300 South Clinton Street P.O Box 1110 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln National Corporation Occupation: Senior Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	44.23 44.23 44.23 44.23
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	44.23 00 00 44.23
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	44.23 44.23 44.23 44.23
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 1,146.13	12-23-93	44.23
E. Full Name, Mailing Address and ZIP Code Richard S. Robertson 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Lincoln National Corporation Occupation Executive Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	19.00 19.00 19.00 19.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	19.00 19.00 19.00 19.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	19.00 19.00 19.00 19.00

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

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

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C00110577

Name	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Richard S. Robertson - Continued Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 494.00	12-23-93	19.00
B. Full Name, Mailing Address and ZIP Code Bill Sanders 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Lincoln National Life Insurance Company Occupation Undefined Aggregate Year-to-Date $ 1,201.90	Date (month, day, year)	Amount of Each Receipt this Period None
C. Full Name, Mailing Address and ZIP Code Stephen Hinsdale Lewis 1801 South Hinsdale Lewis Oakbrook Terrace, IL 60181 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer First Penn Pacific Life Insurance Company Occupation President Aggregate Year-to-Date $	Date (month, day, year) 7-9-93 7-23-93 8-6-93 8-20-93	Amount of Each Receipt this Period 41.35 41.35 41.35 41.35
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year) 9-3-93 9-17-93 10-1-93 10-15-93	Amount of Each Receipt this Period 41.35 41.35 41.35 41.35
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year) 10-29-93 11-12-93 11-26-93	Amount of Each Receipt this Period 41.35 41.35 41.35
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,071.25	Date (month, day, year) 12-10-93 12-23-93	Amount of Each Receipt this Period 41.35 41.35
G. Full Name, Mailing Address and ZIP Code Elizabeth Ann Frederick 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Lincoln National Life Insurance Company Occupation Second Vice President Aggregate Year-to-Date $	Date (month, day, year) 7-9-93 7-23-93 8-6-93 8-20-93	Amount of Each Receipt this Period 20.19 20.19 20.19 20.19

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a I

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NAME OF COMMITTEE (In Full)

Lincoln National Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Elizabeth Ann Frederick - Continued Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln National Life Insurance Company Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	20.19 20.19 20.19 20.19
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	20.19 20.19 20.19 20.19
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 517.55	12-23-93	20.19
D. Michelle Johnson Guess 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lincoln National Life Insurance Company Occupation: Undefined Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	20.00 20.00 20.00 20.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	20.00 20.00 20.00 20.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	20.00 20.00 20.00 20.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 520.00	12-23-93	20.00

SUBTOTAL of Receipts This Page (optional) >

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

9 4 0 2 3 7 5 1 3 5 7

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C00110577

Name	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Ronald Lee Stepher, 1300 South Clinton Street, P.O. Box 1110, Fort Wayne, IN 46801	Lincoln National Life Insurance Company	7-9-93	20.00
		7-23-93	20.00
		8-6-93	20.00
		8-20-93	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Undefined		
	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code		9-3-93	20.00
		9-17-93	20.00
		10-1-93	20.00
		10-15-93	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code		10-29-93	20.00
		11-12-93	20.00
		11-26-93	20.00
		12-10-93	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code		12-23-93	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $490.00		
E. Full Name, Mailing Address and ZIP Code G. Douglas Worthington, 1300 South Clinton Street, P.O. Box 1110, Fort Wayne, IN 46801	Lincoln National Life Insurance Company	7-9-93	24.04
		7-23-93	24.04
		8-6-93	24.04
		8-20-93	24.04
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code		9-3-93	24.04
		9-17-93	24.04
		10-1-93	24.04
		10-15-93	24.04
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code		10-29-93	24.04
		11-12-93	24.04
		11-26-93	24.04
		12-10-93	24.04
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code H. Douglas Worthington - Continued Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $ 624.08	12-23-93	24.04
B. Full Name, Mailing Address and ZIP Code George E. Dunn 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Lincoln National Life Insurance Company Occupation Second Vice President Aggregate Year-to-Date $	7-9-93 7-23-93 8-6-93 8-20-93	16.35 16.35 16.35 16.35
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	9-3-93 9-17-93 10-1-93 10-15-93	16.35 16.35 16.35 17.31
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	10-29-93 11-12-93 11-26-93 12-10-93	17.31 17.31 17.31 17.31
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 430.86	12-23-93	17.31
F. Full Name, Mailing Address and ZIP Code Jacquelyn M. Abbott 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Lincoln National Life Insurance Company Occupation Assistant Vice President Aggregate Year-to-Date $	7-9-93 7-23-93 8-6-93 8-20-93	15.71 15.71 15.71 15.71
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	9-3-93 9-17-93 10-1-93 10-15-93	15.71 15.71 15.71 15.71

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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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jacquelyn M. Abbott - Continued		10-29-93	15.71
		11-12-93	15.71
		11-26-93	15.71
		12-10-93	15.71
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	12-23-93	15.71
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 407.85		
C. Full Name, Mailing Address and ZIP Code: Stephen E. Raho, 1300 South Clinton Street, P.O. Box 1110, Fort Wayne, IN 46801	Name of Employer: Lincoln National Life Insurance Company; Occupation: Second Vice President	7-9-93	15.77
		7-23-93	15.77
		8-6-93	15.77
		8-20-93	15.77
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	9-3-93	15.77
		9-17-93	15.77
		10-1-93	15.77
		10-15-93	15.77
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	10-29-93	15.77
		11-12-93	15.77
		11-26-93	15.77
		12-10-93	15.77
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	12-23-93	15.77
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 410.02		
G. Full Name, Mailing Address and ZIP Code: Jon Boscia, 1300 South Clinton Street, P.O Box 1110, Fort Wayne, IN 46801	Name of Employer: Lincoln National Investment Management Company; Occupation: President	7-9-93	66.35
		7-23-93	66.35
		8-6-93	66.35
		8-20-93	66.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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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 Committe C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jon Boscia - Continued		9-3-93	66.35
		9-17-93	66.35
		10-1-93	66.35
		10-15-93	66.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	10-29-93	66.35
		11-12-93	66.35
		11-26-93	66.35
		12-10-93	66.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	12-23-93	66.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date $ 1,720.29		
D. Full Name, Mailing Address and ZIP Code Barbara S. Kowalczk 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801	Name of Employer Lincoln National Investment Management Company Occupation Executive Vice President	7-9-93	29.81
		7-23-93	29.81
		8-6-93	29.81
		8-20-93	29.81
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	9-3-93	29.81
		9-17-93	29.81
		10-1-93	29.81
		10-15-93	29.81
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	10-29-93	29.81
		11-12-93	29.81
		11-26-93	29.81
		12-10-93	31.54
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	12-23-93	31.54
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 778.52		

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. K. David Wheeler 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln National Investment Management Company Occupation: President Aggregate Year-to-Date $ 288.45	7-9-93 7-23-93 8-6-93	19.23 19.23 19.23
B. James C. Morgan, Jr. 1300 York Road #200 Lutherville, MD 21093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lincoln National Sales Corporation Occupation: Agency Head Aggregate Year-to-Date $	7-9-93 7-23-93 8-6-93 8-20-93	25.00 25.00 25.00 25.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	9-3-93 9-17-93 10-1-93 10-15-93	25.00 25.00 25.00 25.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	10-29-93 11-12-93 11-26-93 12-10-93	25.00 25.00 25.00 25.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 650.00	12-23-93	25.00
F. Charles H. Woodward III Independent Square #2901 One Independent Drive P.O. Box 4968 Jacksonville, FL 32201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Lincoln National Sales Corporation Occupation: Agency Head Aggregate Year-to-Date $	7-9-93 7-23-93 8-6-93 8-20-93	31.25 31.25 31.25 31.25
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	9-3-93 9-17-93 10-1-93 10-15-93	31.25 31.25 31.25 31.25

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles H Woodward III - Continued		10-29-93	31.25
		11-12-93	31.25
		11-26-93	31.25
		12-10-93	31.25
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	12-23-93	31.25
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 812.50		
C. Full Name, Mailing Address and ZIP Code: Joann Elizabeth Becker, 1300 South Clinton Street, P.O. Box 1110, Fort Wayne, IN 46801	Name of Employer: The Richard Leahy Corporation	7-9-93	20.00
		7-23-93	20.00
	Occupation: President & CEO	8-6-93	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	8-20-93	20.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	9-3-93	20.00
		9-17-93	20.00
		10-1-93	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	10-15-93	20.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	10-29-93	20.00
		11-12-93	20.00
		11-26-93	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	12-10-93	20.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	12-23-93	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 520.00		
G. Full Name, Mailing Address and ZIP Code: Thomas R Kaehr, 1300 South Clinton Street, P.O. Box 1110, Fort Wayne, IN 46801	Name of Employer: Lincoln National Corporation	7-9-93	10.00
		7-23-93	10.00
	Occupation: Second Vice President	8-6-93	10.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year to Date $	8-20-93	10.00

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee - C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas R. Keefer - Continued Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	10.00 10.00 10.00 10.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	10.00 10.00 10.00 10.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 260.00	12-23-93	10.00
D. J Michael Keefer 1300 South Clinton Street P.O. Box 1140 Fort Wayne, IN 46801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lincoln National Corporation Occupation: Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	10.00 10.00 10.00 10.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	10.00 10.00 10.00 10.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	10.00 10.00 10.00 10.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 260.00	12-23-93	10.00

SUBTOTAL of Receipts This Page (optional) >

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24 1 3 8 7 9 1 3 3 4

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NAME OF COMMITTEE (In Full)

Lincoln National Corporation Political Action Committee C 00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Barbara Ann Phillips 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Lincoln National Corporation Occupation: Undefined Aggregate Year-to-Date $	7-9-93 7-23-93 8-6-93 8-20-93	10.90 10.90 10.90 10.90
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	9-3-93 9-17-93 10-1-93 10-15-93	10.90 10.90 10.90 10.90
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	10-29-93 11-12-93 11-26-93 12-10-93	10.90 11.55 11.55 11.55
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 288.60	12-23-93	11.55
E. Full Name, Mailing Address and ZIP Code Max A. Roesler 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Lincoln National Corporation Occupation: Vice President & Treas. Aggregate Year-to-Date $	7-9-93 7-23-93 8-6-93 8-20-93	15.00 15.00 15.00 15.00
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	9-3-93 9-17-93 10-1-93 10-15-93	15.00 15.00 15.00 15.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	10-29-93 11-12-93 11-26-93 12-10-93	15.00 15.00 15.00 15.00

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Max A Roesler - Continued Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 390.00	12-23-93	15.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

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SCHEDULE A

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Janet C Whitney 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Lincoln National Corporation Occupation: Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	13.50 13.50 13.50 13.50 13.50
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	13.50 13.50 13.50 13.50
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	13.50 13.50 13.50 13.50
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 351.00	12-23-93	13.50
E. Full Name, Mailing Address and ZIP Code Michael Dean Wilkins 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Lincoln National Corporation Occupation: Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	10.00 10.00 10.00 10.00
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	10.00 10.00 10.00 10.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	10.00 10.00 10.00 10.00

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Dean Wilkins - Continued Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date > $ 260.00	12-23-93	10.00
B. Thomas Lytle Clagg 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary General Other (specify):	Name of Employer: Lincoln National Life Insurance Company Occupation: Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	7.70 7.70 7.70 7.70
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	7.70 7.70 7.70 7.70
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	7.70 7.70 7.70 7.70
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $ 200.20	12-23-93	7.70
F. Joseph William Clark 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary General Other (specify):	Name of Employer: Lincoln National Life Insurance Company Occupation: Assistant Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	10.00 10.00 10.00 10.00
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	10.00 10.00 10.00 10.00

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joseph William Clark - Continued		10-29-93	10.00
		11-12-93	10.00
		11-26-93	10.00
		12-10-93	10.00
		12-23-93	10.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 260.00		
B. William John Cooper, 1300 South Clinton Street, P.O. Box 1110, Fort Wayne, IN 46801	Lincoln National Life Insurance Company	7-9-93	10.00
		7-23-93	10.00
		8-6-93	10.00
		8-20-93	10.00
Receipt For: Primary / General / Other (specify):	Occupation: Vice President; Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code		9-3-93	10.00
		9-17-93	10.00
		10-1-93	10.00
		10-15-93	10.00
Receipt For: Primary / General / Other (specify):	Occupation; Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code		10-29-93	10.00
		11-12-93	10.00
		11-26-93	10.00
		12-10-93	10.00
Receipt For: Primary / General / Other (specify):	Occupation; Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code		12-23-93	10.00
Receipt For: Primary / General / Other (specify):	Occupation; Aggregate Year-to-Date > $ 260.00		
F. William Jesse Lawson, 1300 South Clinton Street, P.O. Box 1110, Fort Wayne, IN 46801	Lincoln National Life Insurance Company	7-9-93	10.00
		7-23-93	10.00
		8-6-93	10.00
		8-20-93	10.00
Receipt For: Primary / General / Other (specify):	Occupation: Undefined; Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code		9-3-93	10.00
		9-17-93	10.00
		10-1-93	10.00
		10-15-93	10.00
Receipt For: Primary / General / Other (specify):	Occupation; Aggregate Year-to-Date > $		

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NAME OF COMMITTEE (in Full)

Lincoln National Coporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Jesse Lawson- Continued Receipt For: Primary / General / Other (specify):	Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	10.00 10.00 10.00 10.00
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 260.00	12-21-93	10.00
C. Full Name, Mailing Address and ZIP Code Edward Bryan Martin 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify):	Name of Employer: Lincoln National Life Insurance Company Occupation: Senior Vice President Aggregate Year to Date > $	7-9-93 7-23-93 8-6-93 8-20-93	14.09 14.09 14.09 14.09
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	14.09 14.09 14.09 14.09
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	14.09 14.09 14.09 14.09
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 348.16	12-21-93	14.09
G. Full Name, Mailing Address and ZIP Code Robert Andrew Nikels 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify):	Name of Employer: Lincoln National Life Insurance Company Occupation: Senior Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	10.00 10.00 10.00 10.00

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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FOR LINE NUMBER 11 a f

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

A. Full Name, Mailing Address and ZIP Code Robert Andrew Nikels - Continued Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 9-3-93 9-17-93 10-1-93 10-15-93	Amount of Each Receipt this Period 10.00 10.00 10.00 10.00
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 10-29-93 11-12-93 11-26-93 12-10-93	Amount of Each Receipt this Period 10.00 10.00 10.00 10.00
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 260.00	Date (month, day, year) 12-23-93	Amount of Each Receipt this Period 10.00
D. Full Name, Mailing Address and ZIP Code Samuel Scott Parkison 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify):	Name of Employer Lincoln National Life Insurance Company Occupation Second Vice President Aggregate Year to Date > $	Date (month, day, year) 7-9-93 7-23-93 8-6-93 8-20-93	Amount of Each Receipt this Period 8.00 8.00 8.00 8.00
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year to Date > $	Date (month, day, year) 9-3-93 9-17-93 10-1-93 10-15-93	Amount of Each Receipt this Period 8.00 8.00 8.00 8.00
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 10-29-93 11-12-93 11-26-93 12-10-93	Amount of Each Receipt this Period 8.00 8.00 8.00 8.00
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $ 208.00	Date (month, day, year) 12-23-93	Amount of Each Receipt this Period 8.00

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 20 OF 27
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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stephen B Prendergast 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Lincoln National Life Insurance Company Occupation: Undefined Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	10.00 10.00 10.00 10.00
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	10.00 10.00 10.00 10.00
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	10.00 10.00 10.00 10.00
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $260.00	12-23-93	10.00
E. Full Name, Mailing Address and ZIP Code Larry Joe Sutton 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Lincoln National Life Insurance Company Occupation Second Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	14.06 14.06 14.06 14.06
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	14.06 14.06 14.06 14.06
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	14.06 14.06 14.06 14.06

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

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Larry Joe Sutton - Continued Receipt For: Primary / General / Other (specify)	Aggregate Year-to-Date > $ 365.56	12-23-93	14.06
B. Thomas Meade West 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify)	Lincoln National Life Insurance Company Occupation: Executive Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	15.38 15.38 15.38 15.38
C. Receipt For: Primary / General / Other (specify)	Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	15.38 15.38 15.38 15.38
D. Receipt For: Primary / General / Other (specify)	Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	15.38 15.38 15.38 15.38
E. Receipt For: Primary / General / Other (specify)	Occupation Aggregate Year-to-Date > $ 399.88	12-23-93	15.38
F. Cynthia Ann Yentes 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify)	Lincoln National Life Insurance Company Occupation: Undefined Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	8.23 8.23 8.23 8.23
G. Receipt For: Primary / General / Other (specify)	Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	8.23 8.23 8.23 8.23

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

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

9 4 3 3 8 7 5 1 3 7 3

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Cynthia Ann Yentes - Continued		10-29-93	8.23
		11-12-93	8.23
		11-26-93	8.23
		12-10-93	8.23
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
B.		12-23-93	8.23
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 213.98		
C. John Richard Mewhorter, 1300 South Clinton Street, P.O. Box 1110, Fort Wayne, IN 46801	Lincoln National Life Reinsurance Company; Vice President	7-9-93	9.76
		7-23-93	9.76
		8-6-93	9.76
		8-20-93	9.76
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
D.		9-3-93	9.76
		9-17-93	9.76
		10-1-93	9.76
		10-15-93	9.76
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
E.		10-29-93	9.76
		11-12-93	9.76
		11-26-93	9.76
		12-10-93	9.76
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
F.		12-21-93	9.76
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 253.37		
G. Don Sheldon Potter, 1300 South Clinton Street, P.O. Box 1110, Fort Wayne, IN 46801	Lincoln National Life Reinsurance Company; Assist. Vice President	7-9-93	12.60
		7-23-93	12.60
		8-6-93	12.60
		8-20-93	12.60
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		

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

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9 4 0 3 8 7 5 4 3 7 4

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Don Sheldon Potter - Continued Receipt For: Primary / General / Other (specify):	Aggregate Year to Date > $	9-3-93 9-17-93 10-1-93 10-15-93	12.60 12.60 12.60 12.60
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Aggregate Year to Date > $	10-29-93 11-12-93 11-26-93 12-10-93	12.60 12.60 12.60 12.60
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 332.78	12-23-93	12.60
D. Full Name, Mailing Address and ZIP Code Gabriel I. Shaheen 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify):	Name of Employer: Lincoln National Life Reinsurance Company Occupation: Senior Vice President Aggregate Year to Date > $	7-9-93 7-23-93 8-6-93 8-20-93	15.00 15.00 15.00 15.00
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Aggregate Year to Date > $	9-3-93 9-17-93 10-1-93 10-15-93	15.00 15.00 15.00 15.00
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	15.00 15.00 15.00 15.00
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Occupation Aggregate Year-to-Date > $ 390.00	12-23-93	15.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Larry Joseph Smith 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify):	Lincoln National Life Reinsurance Company Occupation: Assist. Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	12.65 12.65 12.65 12.65
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	12.65 12.65 12.65 12.65
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	12.65 12.65 12.65 12.65
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year to Date > $ 328.90	12-23-93	12.65
E. Full Name, Mailing Address and ZIP Code Kenneth Duane Thieme 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary / General / Other (specify):	Name of Employer: Lincoln National Life Reinsurance Company Occupation: Assist. Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	10.00 10.00 10.00 10.00
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	10.00 10.00 10.00 10.00
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	10.00 10.00 10.00 10.00

SUBTOTAL of Receipts (this Page (optional)) . . . . . >

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

94 3 8 7 5 1 7 6

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 25 OF 27

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C 00110577

A. Full Name, Mailing Address and ZIP Code Kenneth Duane Thieme Continued Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 260.00	Date (month, day, year) 12-23-93	Amount of Each Receipt this Period 10.00
B. Full Name, Mailing Address and ZIP Code William King Tyler 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Lincoln National Life Reinsurance Company Occupation Senior Vice President Aggregate Year-to-Date > $	Date (month, day, year) 7-9-93 7-23-93 8-6-93 8-20-93	Amount of Each Receipt this Period 8.00 8.00 8.00 8.00
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 9-3-93 9-17-93 10-1-93 10-15-93	Amount of Each Receipt this Period 8.00 8.00 8.00 8.00
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 10-29-93 11-12-93 11-26-93 12-10-93	Amount of Each Receipt this Period 8.00 8.00 8.00 8.00
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 208.00	Date (month, day, year) 12-23-93	Amount of Each Receipt this Period 8.00
F. Full Name, Mailing Address and ZIP Code John David Moore 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Lincoln National Investment Management Company Occupation Second Vice President Aggregate Year-to-Date > $	Date (month, day, year) 7-9-93 7-23-93 8-6-93 8-20-93	Amount of Each Receipt this Period 10.00 10.00 10.00 10.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 9-3-93 9-17-93 10-1-93 10-15-93	Amount of Each Receipt this Period 10.00 10.00 10.00 10.00

SUBTOTAL of Receipts (this Page (optional)) >

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

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SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John David Moore - Continued Receipt For: Primary General Other (specify)	Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	10.00 10.00 10.00 10.00
B. Receipt For: Primary General Other (specify)	Aggregate Year-to-Date > $ 260.00	12-23-93	10.00
C. Jay Martin Yentis 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801 Receipt For: Primary General Other (specify)	Name of Employer: Lincoln National Investment Management Company Occupation: Assist. Vice President Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	12.18 12.18 12.18 12.18
D. Receipt For: Primary General Other (specify)	Aggregate Year-to-Date > $	9-3-93 9-17-93 10-1-93 10-15-93	12.18 12.18 12.18 12.18
E. Receipt For: Primary General Other (specify)	Aggregate Year-to-Date > $	10-29-93 11-12-93 11-26-93 12-10-93	12.18 12.18 12.18 12.18
F. Receipt For: Primary General Other (specify)	Aggregate Year-to-Date > $ 324.00	12-23-93	12.18
G. Barton B Bailor Jr. 2857 Coolidge Highway # 206 Troy, MI 48084 Receipt For: Primary General Other (specify)	Name of Employer: Lincoln National Sales Corporation Occupation: Agency Head Aggregate Year-to-Date > $	7-9-93 7-23-93 8-6-93 8-20-93	12.50 12.50 12.50 12.50

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 27 OF 27

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NAME OF COMMITTEE (in Full)

Lincoln National Corporation Political Action Committee C00110577

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Carlton B Failor, JR. - Continued		9-3-93	12.50
		9-17-93	12.50
		10-1-93	12.50
		10-15-93	12.50
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
		10-29-93	12.50
		11-12-93	12.50
		11-26-93	12.50
		12-10-93	12.50
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
		12-23-93	12.50
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 325.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) . . . . . > 14,724.90

94 0 3 3 7 5 1 0 7 9

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. HIPAC 1025 Connecticut Avenue, NW Suite 1200 Washington, D.C. 20036-3998	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/5/1993	5,000.00
B. Hoagland for Congress Committee P.O. Box 2884 Washington, D.C. 20013	Congressman-Nebraska Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/22/93	500.00
C. Hamilton for Congress P.O. Box 99 Jeffersonville, IN 47131-0099	U.S. Representative-Indiana Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/6/93	100.00
D. Hoosiers for Tim Roemer Committee 555 New Jersey Avenue, N.W. Suite 201 Washington, D.C. 20001	U.S. Representative-Indiana Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/3/93	500.00
E. Bill K. Brewster for Congress P.O. Box 990 Washington, D.C. 20044-0990	U.S. Representative- Oklahoma Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/3/93	100.00
F. Friends of Phil Sharp Committee P.O. Box 117 Mt. Vernon, VA 22121	U.S. Representative- Indiana Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/3/93	500.00
G. Trent Lott for Mississippi 1200 North Veitch, #628 Arlington, VA 22201	U.S. Senator Mississippi Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/27/93	1,000.00
H. L.F. Payne for Congress Committee P.O. Box 2884 Washington, D.C. 20013	U.S. Representative- Virginia Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/20/93	500.00
I. The Friends of Dick Lugar 8465 Keystone Crossing - Suite 200 Indianapolis, IN 46240	U.S. Senator - Indiana Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	9/13/93	150.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoagland for Congress Committee P.O. Box 2884 Washington, D.C. 20013	Congressman- NEBRASKA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/21/93	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Lambert to Win P.O. Box 118 Helena, Arkansas 72342	Congresswoman-- Arkansas Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/7/93	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) 9,550.00

24 7 8 7 5 1 1 2 1

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE [ ] OF [ ]

FOR LINE NUMBER 28a

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 K. David Wheeler 1300 South Clinton Street P.O. Box 1110 Fort Wayne, IN 46801	Purpose of Disbursement Refund of Contribution Disbursement for: [ ] Primary [ ] General [x] Other (specify) Refund	Date (month, day, year) 8/20/93	Amount of Each Disbursement This Period 19.23
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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 [ ] Primary [ ] General [ ] 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 [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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 [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	19.23

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-25-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

LEH
PREPARER

1-29-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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