

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION BUILDING

APR 18 10 45 AM 1998

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00110577 Janet C. Whitney		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 Barry Street, P. O. Box 7813		
CITY, STATE and ZIP CODE Fort Wayne, IN 46802		
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 _____
(Type of Election)

election on _____ in the State of _____

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>January 1, 1998</u> through <u>March 31, 1998</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 50,085.91
(b) Cash on Hand at Beginning of Reporting Period	\$ 50,085.91	
(c) Total Receipts (from Line 18)	\$ 13,414.13	\$ 13,414.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 63,500.04	\$ 63,500.04
7. Total Disbursements (from Line 30)	\$ 11,466.04	\$ 11,466.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 52,034.00	\$ 52,034.00
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-218-8420
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

April 13, 1998

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

--	--	--	--	--	--	--	--	--	--

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 Jan. 1, 1998 TO March 31, 1998	
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	\$ 5,222.32	\$ 5,222.32
ii. Unitemized	8,025.53	8,025.53
Total (add i and ii) >	13,247.85	13,247.85
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >		
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.)	166.28	166.28
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	13,414.13	13,414.13
20. Total Federal Receipts (subtract line 18 from line 19) >		
Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	144.00	144.00
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,500.00	9,500.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	1,822.04	1,822.04
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,466.04	11,466.04
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
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 2
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 000110577

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jon A. Boscia 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$201.92 per 1 pay period; \$105.77 per 4 pay periods) \$625.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 625.00		
B. 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 6 pay periods) \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
June Ellen Drewry 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$63.46 per 6 pay periods) \$380.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 380.76		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara S. Kowalczyk 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$51.73 per 6 pay periods) \$310.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 310.38		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard S. Robertson 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$50.00 per 6 pay periods) \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ian McKenzie Rolland 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$154.39 per 6 pay periods) \$926.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COB & CEO Aggregate Year-to-Date > \$ 926.34		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Casey J. Trumble 200 East Berry Street Fort Wayne, IN 46802	Lincoln National Corporation	Bi-Weekly Payroll Deduction	(\$34.62 per 6 pay periods) \$207.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 207.72		

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 2 OF 2
FOR LINE NUMBER 11 a i

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 Richard Charles Vaughan 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 (\$82.69 per 6 pay periods)
	Occupation CFO & Executive Vice President	Aggregate Year-to-Date > \$ 496.14	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Stephen Hinsdale Lewis 1300 South Clinton Street Fort Wayne, IN 46802	Name of Employer Lincoln National Life Insurance Company	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt This Period (\$54.33 per 6 pay periods)
	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 325.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Timothy Scott Wittman 630 Fifth Avenue New York, NY 10111	Name of Employer Vantage Global Advisors	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt This Period (\$50.00 per 6 pay periods)
	Occupation President	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Roland Charles Baker 1801 South Meyers Road Oakbrook Terrace, IL 60181	Name of Employer First Penn-Pacific Life Insurance Co.	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt This Period (\$50.00 per 6 pay periods)
	Occupation President	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Lawrence Thomas Rowland 1700 Magnavox Way, P. O. Box 7808 Fort Wayne, IN 46804	Name of Employer Lincoln National Reassurance Company	Date (month, day, year) Bi-Weekly Payroll Deduction	Amount of Each Receipt This Period (\$35.00 per 6 pay periods)
	Occupation President	Aggregate Year-to-Date > \$ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Stephen Reid Brody 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 (\$50.00 per 6 pay periods)
	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code 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 6 pay periods)
	Occupation President	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			\$5,222.32

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fort Wayne National Bank 110 West Berry Street P. O. Box 110 Fort Wayne, IN 46801	1997 Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	03/11/98	\$144.00
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 Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$144.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Massey for Governor P. O. Box 1832 Gainesville, GA 30503	Governor Georgia Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/13/98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Paul Helmke for U.S. Senate 300 Metro Building Fort Wayne, IN 46802	U.S. Senate Indiana Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/23/98	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Manton for Congress, Inc. P.O. Box 75214 Washington, DC 20013-5214	U.S. Representative New York Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/30/98	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Coverdell Good Government Committee 3091 Maple Drive, Suite 200 Atlanta, GA 30305	U.S. Senate Georgia Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/19/98	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Baker for Congress P. O. Box 1694 Baton Rouge, LA 70821	U.S. Representative Louisiana Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Knollenberg for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	U. S. Representative Michigan Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$ 500.00
G. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Marge Roukema P. O. Box 625 Ridgewood, NJ 07451	U.S. Representative New Jersey Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/13/98	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Hastert for Congress Committee P. O. Box 625 Batavia, IL 60510	U.S. Representative Illinois Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Faircloth for Senate 507 Capitol Court, NE #100 Washington, DC 20002	U.S. Senate North Carolina Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$1,000.00

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

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 600110577

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for English P. O. Box 10274 Alexandria, VA 22310	U.S. Representative Pennsylvania Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Coyne for Congress 307 Halket Street Pittsburgh, PA 15213	U.S. Representative Pennsylvania Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Hoosiers for Tim Roemer P. O. Box 4400 South Bend, IN 46634-4400	U.S. Representative Indiana Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/23/98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code The Tom Sawyer Committee P. O. Box 75214 Washington, DC 20013-5214	U.S. Representative Ohio Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/26/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$9,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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 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 Lincoln National Corporation Federal Relations 2R-14 200 East Berry Street Fort Wayne, IN 46802	Purpose of Disbursement Reimbursement for Company Plane Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 01/13/98	Amount of Each Disbursement This Period \$1,822.04
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 Disbursements This Page (optional)

TOTAL This Period (Just page this line number only)

\$1,822.04

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 4-14-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sels</i> PREPARER	4-18-98 DATE PREPARED