

USE FEC MAILING LABEL
OR
TYPE OR PRINT

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

| | | | |
|--|--|---|--|
| 1. NAME OF COMMITTEE (in full) Mississippi ACRE Committee | | 2. FEC IDENTIFICATION NUMBER C 0000 4952 | |
| 3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date): | | 3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date): | |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 8101 CITY, STATE and ZIP CODE Jackson, MS 39284 | | | |

4. TYPE OF REPORT

Monthly Report Due On:

| | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 |
| <input type="checkbox"/> July 15 Quarterly Report | <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 |
| <input type="checkbox"/> January 31 Year End Report | <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 |
| <input type="checkbox"/> July 31 Mid Year Report (Non-election Year Only) | <input type="checkbox"/> December 20 | <input type="checkbox"/> January 31 |

Twelfth day report preceding election on _____ in the State of _____ (Type of Election)

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

Termination Report

(b) YES NO is this Report an Amendment?

SUMMARY

| 5. Covering Period | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 3/25/93 through 5/3/93 | | |
| 6. (a) Cash on Hand at Beginning of Reporting Period | \$ 16,844.87 | |
| (c) Total Receipts (from Line 1a) | \$ 2,507.50 | \$ 14,507.60 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 19,352.37 | \$ 20,952.37 |
| 7. Total Disbursements (from Line 3d) | \$ 1,201.00 | \$ 2,801.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 18,151.37 | \$ 18,151.37 |
| 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) | \$ | |

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: *Hobson Waits*

Signature of Treasurer: *Hobson Waits*

Date: 5/7/93

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, FEC FORM 3X

(revised 11/91)

| NAME OF COMMITTEE | | REPORT COVERING PERIOD | |
|--|---|------------------------|---------------|
| Mississippi ACRE Committee | | FROM 3/25/93 | TO 5/3/93 |
| I. Receipts | | COLUMN A | COLUMN B |
| | | Total This Period | Calendar Year |
| 11. | Contributions (other than loans) From: a. Individuals/Persons Other Than Political Committees i. Itemized (use Schedule A) ii. Unitemized b. Political Party Committee c. Other Political Committees (such as PACs) d. Total Contributions (add a iii, b and c) ▶ | 9,150.60 | 9,150.60 |
| 12. | Transfers From Affiliated/Other Party Committees | 2,507.50 | 5,357.00 |
| 13. | All Loans Received | | |
| 14. | Loan Repayments Received | | |
| 15. | Others To Operating Expenditures (Rebates, etc.) | | |
| 16. | Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| 17. | Other Federal Receipts (Dividends, Interest, etc.) | | |
| 18. | Transfers from Nonfederal Account for Joint Activity | | |
| 19. | Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶ | 2,507.50 | 14,507.60 |
| 20. | Total Federal Receipts (subtract line 18 from line 19) ▶ | 2,507.50 | 14,507.60 |
| 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 c. Total Operating Expenditures (add a i, ii, and b) ▶ | | |
| 22. | Transfers to Affiliated/Other Party Committees | | |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees | 1,200.00 | 2,800.00 |
| 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) ▶ | 1.00 | 1.00 |
| 29. | Other Disbursements | 1,201.00 | 2,801.00 |
| 30. | Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶ | 1,201.00 | 2,801.00 |
| 31. | Total Federal Disbursements (subtract line 21 a ii from line 30) ▶ | 1,201.00 | 2,801.00 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. | Total Contributions (other than loans) (from line 11d) | -0- | 9,150.60 |
| 33. | Total Contribution Refunds (from line 28d) | -0- | |
| 34. | Net Contributions (other than loans) (subtract line 33 from 32) | -0- | 9,150.60 |
| Total Federal Operating Expenditures (add 21 a i and 21 b) ▶ | | | |
| Transfers to Operating Expenditures (from line 15) | | | |
| Operating Expenditures (subtract line 36 from 35) ▶ | | | |

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Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 12

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Mississippi ACRE Committee

| A. Full Name, Mailing Address and ZIP Code | | B. Full Name, Mailing Address and ZIP Code | | C. Full Name, Mailing Address and ZIP Code | | D. Full Name, Mailing Address and ZIP Code | | E. Full Name, Mailing Address and ZIP Code | | F. Full Name, Mailing Address and ZIP Code | | G. Full Name, Mailing Address and ZIP Code | | SUBTOTAL of Receipts This Page (optional) | | TOTAL This Period (last page in line number only) | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|---|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Action Committee for Rural Electrification 1800 Massachusetts Ave., N.W. Washington, D.C. 20036 | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Amount of Each Receipt this Period | | 2,507.50 | |
| Name of Employer Date (month, day, year) | | Name of Employer Date (month, day, year) | | Name of Employer Date (month, day, year) | | Name of Employer Date (month, day, year) | | Name of Employer Date (month, day, year) | | Name of Employer Date (month, day, year) | | Name of Employer Date (month, day, year) | | Amount of Each Receipt this Period | | Aggregate Year-to-Date | |
| Occupation | | Occupation | | Occupation | | Occupation | | Occupation | | Occupation | | Occupation | | Amount of Each Receipt this Period | | Aggregate Year-to-Date | |

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Use separate schedule for each category of the Detailed Summary Page

PAGE 01 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Mississippi ACRE Committee

| A. 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 |
|---|-------------------------|--|-------------------------|---|
| A. Bennie Thompson Campaign P.O. Box 100 Bolton, MS 39041 | Runoff 4/13/93 | <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General | 3/31/93 | 600.00 |
| B. Hayes Dent Campaign P.O. Box 1608 Yazoo City, MS 39194 | Runoff 4/13/93 | <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General | 3/31/93 | 600.00 |
| 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 |

TOTAL This Period (last page this line number only)

1,200.00

SUBTOTAL of Disbursements This Page (optional)

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NAME OF COMMITTEE (in Full)

Mississippi ACRE Committee

| A. Full Name, Mailing Address and ZIP Code | | | Purpose of Disbursement | | | Date (month, day, year) | | | Amount of Each Disbursement This Period | | |
|--|--|--|-------------------------|--|--|-------------------------|--|--|---|--|--|
| Bank of Mississippi P.O. Box 789 Tupelo, MS 38802-0789 | | | Service Charge | | | 3/26/93 | | | 1.00 | | |
| B. Full Name, Mailing Address and ZIP Code | | | Purpose of Disbursement | | | Date (month, day, year) | | | Amount of Each Disbursement This Period | | |
| C. Full Name, Mailing Address and ZIP Code | | | Purpose of Disbursement | | | Date (month, day, year) | | | Amount of Each Disbursement This Period | | |
| D. Full Name, Mailing Address and ZIP Code | | | Purpose of Disbursement | | | Date (month, day, year) | | | Amount of Each Disbursement This Period | | |
| E. Full Name, Mailing Address and ZIP Code | | | Purpose of Disbursement | | | Date (month, day, year) | | | Amount of Each Disbursement This Period | | |
| F. Full Name, Mailing Address and ZIP Code | | | Purpose of Disbursement | | | Date (month, day, year) | | | Amount of Each Disbursement This Period | | |
| G. Full Name, Mailing Address and ZIP Code | | | Purpose of Disbursement | | | Date (month, day, year) | | | Amount of Each Disbursement This Period | | |
| H. Full Name, Mailing Address and ZIP Code | | | Purpose of Disbursement | | | Date (month, day, year) | | | Amount of Each Disbursement This Period | | |
| I. Full Name, Mailing Address and ZIP Code | | | Purpose of Disbursement | | | Date (month, day, year) | | | Amount of Each Disbursement This Period | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | | | | | | | |
| TOTAL This Period (last page this line number only) | | | | | | | | | | | |

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|---|--|
| <p>Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</p> <p>The Commission has added this page to the end of this filing to indicate how it was received.</p> | |
| <p>DATE OF RECEIPT</p> | <p>Hand Delivered <input type="checkbox"/></p> |
| <p>POSTMARKED</p> | <p>First Class Mail <input checked="" type="checkbox"/></p> |
| <p>POSTMARKED</p> | <p>Registered/Certified Mail <input type="checkbox"/></p> |
| | <p>No Postmark <input type="checkbox"/></p> |
| | <p>Postmark Illegible <input type="checkbox"/></p> |
| <p>DATE OF RECEIPT</p> | <p>Received from the House Office of Records and Registration <input type="checkbox"/></p> |
| <p>DATE OF RECEIPT</p> | <p>Received from the Senate Office of Public Records <input type="checkbox"/></p> |
| <p>POSTMARKED</p> | <p>Other (Specify): <input type="checkbox"/></p> |
| <p>DATE OF RECEIPT</p> | |
| <p>DATE PREPARED</p> | <p>PREPARER</p> |

5/10/93

J.A.D.

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