22037570192

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2002 APR 29 P 1:33

1. NAME OF COMMITTEE (in full)
Responsibility and Freedom Work PAC (RFW PAC)

ADDRESS (number and street) ☐ Check if different than previously reported.
P.O. Box 186

CITY, STATE and ZIP CODE
Tupelo, MS 38802

2. FEC IDENTIFICATION NUMBER
C00368698

3. ☐ This committee qualified as a multicandidate committee. (See FEC Form 1M)

4. TYPE OF REPORT

(a) [X] 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 [X] NO

SUMMARY
5. Covering Period 01/01/2002 through 03/31/2002

		COLUMN A This Period	COLUMN B Calendar Year-to-date
6.	(a) Cash on Hand January 1, 20 02		$0.00
	(b) Cash on Hand at Beginning of Reporting Period	$0.00	
	(c) Total Receipts (from Line 18)	$15,958.00	$15,958.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$15,958.00	$15,958.00
7.	Total Disbursements (from Line 30)	$1,053.40	$1,053.40
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$14,904.60	$14,904.60
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
John P. Nail

Signature of Treasurer
John P. Nail, CPA

Date
4/15/02

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

FEC FORM 3X
(Revised 5/93)

22037570193

SCHEDULE A — ITEMIZED RECEIPTS

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

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)
Responsibility and Freedom Work PAC (REW PAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steve Akins 240 Montrose Drive Memphis,TN 38117-	The Sutherland Clinic Cardiologist	02/05/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A.D. Blount P.O. Box 1269 Calhoun City,MS 38916-	Self Med-Lift & Mobility	02/05/2002	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Cooper 2152 Cla-Wood Pl. Tupelo,MS 38801-	Tupelo Anesthesia Group physician	01/22/2002	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		200.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barry T. Cosby 144 South Thomas St., Ste. 203 Tupelo,MS 38801-	Self dentist	03/08/2002	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerome M. Dattel P.O. Box 58442 New Orleans,LA 70158-	Morgan Keegan & Co. executive managing director	03/27/2002	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		300.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John T. Foy 1881 N Parc Circle Tupelo,MS 38801-	Lane Furniture Manufacturer	02/05/2002	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Chauncey R. Godwin, Sr. 2652 Parc Moncean East Tupelo,MS 38801-	n/a retired	03/08/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		250.00

SUBTOTAL of Receipts This Page (optional)	3,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Responsibility and Freedom Work PAC (RFW PAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
W.W. Gresham, Jr. P.O. Box 690 Indianola,MS 38751-	Self Oil Jobber	01/22/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Samuel T. Hall 109 Glenn Eagle Oxford,MS 38655-	Miltec Research and Technology President	02/19/2002	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Samuel B. Haskell 4859 Petit Ave. Encino,CA 91436-	William Morris Agency, Inc. Vice president	02/05/2002	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Julius B. Hill, Jr. 3162 N. Hill Drive Tupelo,MS 38801-	Self physician	01/22/2002	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wiley C. Hutchins 1712 Brambleswood Dr. Columbus,MS 39705-	n/a retired	02/19/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Morris Jarvis 1782 Cedarbrook Circle Belden,MS 38826-9213	n/a retired	01/22/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark Ledbetter P.O. Box 833. Tupelo,MS 38802-	WTVA, Inc. TV Manager	02/05/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		250.00

SUBTOTAL of Receipts This Page (optional)	$3,500.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Responsibility and Freedom Work PAC (REW PAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles W. Montgomery 930 South Madison St., Sta. 2 Tupelo,MS 38801-	Self physician	03/08/2002	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
M.M. Randolph 1020 Highway 35 South Batesville,MS 38606-	n/a retired	01/22/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edwin Roberts P.O. Box 240 Oxford,MS 38655-	Roberts & Clisby, PA attorney	03/27/2002	2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	2,500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James T. Robertson 8570 Jones Rd. Olive Branch,MS 38654-	Univ. of TN College of Medicin Professor	02/05/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	250.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joe F. Sanderson P.O. Box 988 Laurel,MS 39441-	Sanderson Farms, Inc. Chairman & CEO	02/19/2002	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kelly S. Segars, Sr. 1507 W. Quitman St. Iuka,MS 38852-	The Segars Clinic physician	02/05/2002	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Smith, Jr. 007 E. Commerce St. Hernando,MS 38632-	Self dentist	02/05/2002	1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->	1,500.00	

SUBTOTAL of Receipts This Page (optional)	$6,000.00
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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Responsibility and Freedom Work PAC (RFW PAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H.B. Southward P.O. Box 38 Tishomingo,MS 38873-	n/a retired	02/05/2002	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John A. Waits 6609 Persimmon Tree Rd. Cabin John,MD 20818-	Winston & Strawn attorney	02/19/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Washington 530 West Main St. Tupelo,MS 38802-	Washington Insurance President	02/05/2002	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C.K. White 2140 Applewood Place Tupelo,MS 38801-	Sanders Clinic for Women physician	02/05/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Merle Williams 108 N. Main St. Pontotoc,MS 38863-	Self auto service repair	02/19/2002	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date ->		250.00
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)	$1,750.00
TOTAL This Period (last page this line number only)	$14,250.00

22037570197

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)
Responsibility and Freedom Work PAC (RFW PAC)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Doolittle for Congress (EA-04) 11719 Red Hill Court Rancho Cordova, CA 95670-	Campaign Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02/28/2002	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	$1,000.00
TOTAL This Period (last page this line number only)	$1,000.00

22037570198

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 4/15/02
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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
☐	Electronic Filing	

DAO
PREPARER

4/29/02
DATE PREPARED

(6/2000)