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)
BANK of Mississippi Officers' Voluntary Political Committee

ADDRESS (number and street) ☐ Check if different than previously reported
ONE Mississippi PLAZA

CITY, STATE and ZIP CODE
TUPELO, MS 38801

JAN 23 12 2[illegible]

2. FEC IDENTIFICATION NUMBER
C00 183962

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

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 11-29-94 through 12-31-94		
6. (a)	Cash on Hand January 1, 1994		$ 20,395.00
(b)	Cash on Hand at Beginning of Reporting Period	$ 17,258.09	
(c)	Total Receipts (from Line 19)	$ 1,815.49	$ 15,428.58
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 19,073.58	$ 35,823.58
7.	Total Disbursements (from Line 30)	$ NONE	$ 16,750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 19,073.58	$ 19,073.58
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	

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
L. NASH ALLEN, JR.

Signature of Treasurer
[signature]

Date
1-17-95

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)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: BANK of Mississippi OFFICERS' VOLUNTARY POLITICAL COMMITTEE

REPORT COVERING PERIOD FROM 11-29-94 TO: 12-31-94

I. 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)	NONE	NONE	11(a)(i)
ii. Unitemized	1,815.49	15,428.58	11(a)(ii)
iii. Total (add i and ii) ➤	1,815.49	15,428.58	11(a)(iii)
b. Political Party Committees	NONE	NONE	11(b)
c. Other Political Committees (such as PACs)	NONE	NONE	11(c)
d. Total Contributions (add a iii, b and c) ➤	1,815.49	15,428.58	11(d)
12. Transfers From Affiliated/Other Party Committees	NONE	NONE	12
13. All Loans Received	NONE	NONE	13
14. Loan Repayments Received	NONE	NONE	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	NONE	NONE	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	NONE	NONE	16
17. Other Federal Receipts (Dividends, interest, etc.)	NONE	NONE	17
18. Transfers from Nonfederal Account for Joint Activity	NONE	NONE	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,815.49	15,428.58	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,815.49	15,428.58	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	NONE	NONE	21(a)(i)
ii. Non-Federal Share	NONE	NONE	21(a)(ii)
b. Other Federal Operating Expenditures	NONE	NONE	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	NONE	NONE	21(c)
22. Transfers to Affiliated/Other Party Committees	NONE	NONE	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	NONE	16,750.00	23
24. Independent Expenditures (use Schedule E)	NONE	NONE	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	NONE	NONE	25
26. Loan Repayments Made	NONE	NONE	26
27. Loans Made	NONE	NONE	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	NONE	NONE	28(a)
b. Political Party Committees	NONE	NONE	28(b)
c. Other Political Committees (such as PACs)	NONE	NONE	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	NONE	NONE	28(d)
29. Other Disbursements	NONE	NONE	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	NONE	16,750.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	NONE	16,750.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,815.49	15,428.58	32
33. Total Contribution Refunds (from line 28d)	NONE	NONE	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,815.49	15,428.58	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	NONE	NONE	35
36. Offsets to Operating Expenditures (from line 15)	NONE	NONE	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	NONE	NONE	37

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4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a ii

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)

BANK OF MISSISSIPPI OFFICERS' VOLUNTARY POLITICAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
NO CONTRIBUTIONS RECEIVED			
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**
IN EXCESS OF $100.00 PER YEAR FROM ANY INDIVIDUAL.			
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**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
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) .....

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4-90173

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 1-17-95
☐	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

PREPARER

1-23-95

DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 9 5 8 1 2 2 2