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)
Capital Foundation Camp Cmte

ADDRESS (number and street) ☐ Check if different than previously reported
P. O. Box 60

CITY, STATE and ZIP CODE
Jackson, MS 39205

RECEIVED FEDERAL ELECTION COMMISSION SECRETARIAT
May 32 12 01 AM '94

2. FEC IDENTIFICATION NUMBER
C00084368

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 Primary (Type of Election) election on 6/7/94 in the State of MS

☐ 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 4/1/94 through 5/15/94		
6. (a) Cash on Hand January 1, 19 94		$ 50841.79
(b) Cash on Hand at Beginning of Reporting Period	$ 96057.70	
(c) Total Receipts (from Line 19)	$ 30268.17	$ 183829.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 126325.87	$ 234671.07
7. Total Disbursements (from Line 30)	$ 47015.24	$ 155360.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 79310.63	$ 79310.63
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
Annette Hope

Signature of Treasurer
Annette Hope, Asst. Treasurer

Date
5/24/94

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 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: Capital Foundation Camp Cmte

REPORT COVERING PERIOD FROM 4/1/94 TO: 5/19/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3800.00	34500.00
ii. Unitemized	26468.17	134329.28
iii. Total (add i and ii) ➤	30268.17	168829.28
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	30268.17	168829.28
12. Transfers From Affiliated/Other Party Committees	-0-	15000.00
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.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	30268.17	183829.28
20. Total Federal Receipts (subtract line 16 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	47015.24	155360.44
c. Total Operating Expenditures (add a i, a ii, and b) ➤	47015.24	155360.44
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
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) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	47015.24	155360.44
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)	30268.17	168.829.28
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	30268.17	168829.28
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	47015.24	155360.44
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	47015.24	155360.44

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Capital Foundation Camp Cmte

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Wm. C. Carroll 455 Woodland Drive Yazoo City, MS 39194 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Livinston Insurance Occupation: Insurance Agent Aggregate Year-to-Date $ 500.00	5/3/94	500.00
B. David Dunbar P. O. Box 2990 Jackson, MS 39207 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Self Occupation: Attorney Aggregate Year-to-Date $ 500.00	5/10/94	500.00
C. Dr. Wm Graves, III 106 Tanglewood Drive Starkville, MS 39759 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	MS State University Occupation: Professor Aggregate Year-to-Date $ 250.00	4/1/94 5/1/94	50.00 50.00
D. Wm. R. James 217 West Capital Street Jackson, MS 39201 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Pruett Oil Co. Occupation: Executive Aggregate Year-to-Date $ 500.00	4/19/94	500.00
E. J. K. Stringer 104 Boxwood Cove Brandon, MS 39042 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	State of Mississippi Occupation: Personnell Board Aggregate Year-to-Date $ 500.00	5/3/94	500.00
F. Mrs. Ann Wilson 31 Polo Drive Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Occupation: Housewife Aggregate Year-to-Date $ 250.00	4/1/94 5/1/94	50.00 50.00
G. W. Roberts Wilson 654 N. State Street Jackson, MS 39202 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Self Occupation: Attorney Aggregate Year-to-Date $ 400.00	4/1/94 5/1/94	100.00 100.00

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

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

Capital Foundation Camp Cmte

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Pat Green, Jr. Box 15249 Hattiesburg, MS 39403 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Name of Employer: Occupation: Retired Aggregate Year-to-Date > $ 250.00	5/18/94	250.00
B. Charles Lewis, III P. O. Box 70 Gloster, MS 39638 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Name of Employer: Lewis Timber Co. Occupation: Owner Aggregate Year-to-Date > $ 250.00	5/18/94	150.00
C. David Roselle Co. P. O. Box 1968 Vicksburg, MS 39181 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Name of Employer: D. L. Roselle Co. Occupation: President Aggregate Year-to-Date > $ 250.00	4/5/94	250.00
D. Harry Spooner 210 E. Capital St. Jackson, MS 39201 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Name of Employer: Spooner Energy Co. Occupation: Geologist Aggregate Year-to-Date > $ 500.00	5/18/94	500.00
E. Patrick F. Taylor 469 Circle Bar Road Foxworth, MS 39483 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Name of Employer: Self Occupation: Farmer Aggregate Year-to-Date > $ 250.00	4/11/94	250.00
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)	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

SUBTOTAL of Receipts This Page (optional) >

TOTAL This Period (last page this line number only) > 3800.00

FE4AH101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Capital Foundation Camp Cmte

A. 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
Annette Hope 131 David Hope Drive Ridgeland, MS 39157	Salary Admin	4/15/94 4/30/94 5/15/94	719.35 719.35 719.35
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
VISA P. O. Box 247001 Omaha, NE 68114	Travel Admin	4/15/94 5/13/94	1473.07 220.42
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
Choctaw County Cir. Clerk P. O. Box 34 Ackerman, MS 39735	Voter List Admin	4/15/94	250.00
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
MS Casualty Insurance Box 1139 Jakcosn, MS 39215	Workmen's Comp. Admin	4/21/94	968.00
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
MS employment Security Comm. Jackson, MS 39201	Payroll Taxes Admin	4/22/95	365.13
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
Deposit Guaranty Bank P. O. Box 1200 Jackson, MS 39215	FUTA Taxes Admin	4/25/94	243.42
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
Delta Computer P. O. Box 1296 Gulfport, MS 39502	Voter List Admin	4/30/94	1070.00
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
Jack McGee 441 Sharon Hills Drive Jackson, MS 39212	Printing Admin	4/30/94	1050.00
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
DMS 12450 Automobile Blvd. Clearwater, FL 34622	Postage Admin	5/2/94	1224.77

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Capital Foundation Camp Cmte

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Copelco Credit P. O. Box 728 Park Ridge, NJ 07656	Copier Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	4/11/94 5/2/94	294.25 294.25
B. Betty Twiner 147 Lake Bend Cr. Brandon, MS 39042	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	4/15/94 4/30/94 5/15/94	588.02 588.02 588.02
C. Lorrie Richardson 610 Twin Harbor Madison, MS 39110	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	4/15/94 4/15/94	225.00
D. Chris Webster 714 N. President Jackson, MS 39202	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	4/15/94 4/30/94	1432.09 1432.09 1432.09
E. MS State Tax Commission P. O. Box 960 Jackson, MS 39205	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	4/15/94 5/15/94	431.96 316.42
F. Cy Rosenblatt 4361 N. Honeysuckle Jackson, MS 39211	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	4/15/94 4/30/94 5/15/94	1000.00 1000.00 1000.00
G. Deposit Guaranty national Bank P. O. Box 1200 Jackson, MS 39215	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	4/15/94 5/15/94	3139.83 2461.40
H. Peter Arbuthnot 119 Scotland Road Clinton, MS 39056	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	4/15/94 5/13/94	271.16 326.35
I. Tim Stubbs 3043 Autumn Place Jackson, MS 39212	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	4/15/94 4/30/94	312.00 304.90

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

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)
Capital Foundation Camp Cmte

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
Deposit Guaranty National Bank P. O. Box 1200 Jakcosn, MS 39215	Car Lease Admin	4/1/94 5/2/94	396.89 396.89
Blue Cross/Blue Shield P. O. Box 2312 Jackson, MS 39225	Health Insurance Admin	4/1/94 5/2/94	537.57 1106.66
South Central Telephone Jackson, MS 39201	Telephone Admin	5/18/94 4/1/94 4/22/94 5/14/94	487.09 540.71 804.75 357.99
MS Power and Light Company P. O. Box 2307 Jackson, MS 39225	Utilities Admin	4/1/94 5/2/94	327.88 406.78
Patton Publishing Company P. O. Box 3803 Jackson, MS 39207	Newsletter Admin	4/1/94	656.52
Rankin County Circuit Clerk P. O. Box 1599 Brandon, mS 39043	Voter List Admin	4/1/94	550.00
Tombigbee Development 555 Tombigbee Jackson, MS 39201	Rent Admin	4/1/94 5/2/94	2151.90 2151.90
CommuniGroup P. O. Box 940 Jackson, MS 39205	Telephone Admin	4/11/94 5/9/94	270.77 372.65
MCTA 833 East River Place Jackson, MS 39202	Telephone Admin	4/11/94	244.26

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

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Capital Foundation Camp Cmte.

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
Alpha Printing P. O. Box 7106 Jackson, MS 39282	Printing Other: Admin	5/2/94 5/5/94	1885.43 332.92
Neshoba County Cir. Clerk 401 E. Beacon Philadelphia, MS 39350	Voter List Other: Admin	5/2/94	300.00
UPS P. O. Box 85036 Louisville, KY 40285	Postage Other: Admin	5/3/94	612.45
Suzanne Rogers 2660 Beach Blvd. Viloxi, MS 39531	Travel - SLRC Other: Admin	5/5/94	1216.24
US Postmaster Jackson, MS 39205	Postage Other: Admin	5/6/94 5/13/94	500.00 1113.92
Office Depot 4950 I-55 North Jackson, MS 39211	Computer Software Other: Admin	5/18/94	480.75

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

TOTAL This Period (last page this line number only) 44663.63

FEC4AN 01

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 5-29-94
☐	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

JMN
PREPARER

5-31-94
DATE PREPARED

FEC FORM 70-3 (12/92)

24039011233