# 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)
The Senate Victory Fund, PAC

ADDRESS (number and street) ☐ Check if different than previously reported
Post Office Box 1331

CITY, STATE and ZIP CODE
Jackson, MS 39205

DEC 12 6 01 PM '94

2. FEC IDENTIFICATION NUMBER
C00202861

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 General (Type of Election) election on 11/08/94 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 10/01/94 through 10/19/94 | | |
| 6. (a) Cash on Hand January 1, 1994 | | $ 98,393.43 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 54,501.60 | |
| (c) Total Receipts (from Line 19) | $ 7,825.00 | $ 21,024.86 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 62,326.60 | $ 119,418.29 |
| 7. Total Disbursements (from Line 30) | $ 47,978.10 | $ 105,069.79 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 14,348.50 | $ 14,348.50 |
| 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
B. Keith Hill, CPA

Signature of Treasurer
B. Keith Hill CPA

Date
12/07/94

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 9/93)

4-00179