

Electric Power Associations

of Mississippi

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM
JUL 19 12 12 PM '96



July 16, 1996

P. O. Box 7897
Jackson, Mississippi
39284-7897

(601) 922-2341
(601) 922-9869 fax

Ms. Amy Suzanne Reynolds
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E St., N.W., Rm 709
Washington, DC 20463

Re: Amended - April Quarterly Report (2/26/96-3/31/96)
Mississippi ACRE Committee
Identification Number: C00004952

Dear Ms. Reynolds:

Enclosed is a copy of our letter to you dated June 24, 1996 and a copy of the amended report.

If you need further assistance on this, please let us know.

Sincerely,

Hobson Waits
(bk)

Hobson Waits, Treasurer
Mississippi ACRE Committee

HW/bk

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 19 12 12 PM '96

RQ-3

July 11, 1996

Hobson Waits, Treasurer
Mississippi ACRE Committee
P.O. Box 8101
Jackson, MS 39284

Identification Number: C00004952

Reference: April Quarterly Report (2/27/95-3/31/96)

Dear Mr. Waits:

This letter is to inform you that as of July 10, 1996, the Commission has not received your response to our request for additional information, dated June 19, 1996. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Amy Reynolds on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Hobson Waits, Treasurer
Mississippi ACRE Committee
P.O. Box 8101
Jackson, MS 39284

JUN 19 1996

Identification Number: C00004952

Reference: April Quarterly Report (2/27/96-3/31/96)

Dear Mr. Waits:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide the total(s) for Line 11(a)(iii), Columns A and B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Amy Suzanne Reynolds
Reports Analyst
Reports Analysis Division

246

Electric Power Associations

of Mississippi



June 24, 1996

P. O. Box 7897
Jackson, Mississippi
39284-7897

(601) 922-2341
(601) 922-9869 fax

Ms. Amy Suzanne Reynolds
Reports Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

Reference: April Quarterly Report (2/27/96-3/31/96)
Identification Number: C00004952

Dear Ms. Reynolds:

Please accept the enclosed corrected report.

Sincerely,

Hobson Waits, Treasurer
Mississippi ACRE Committee

HW/bk

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Hobson Waits, Treasurer
Mississippi ACRE Committee
P.O. Box 8101
Jackson, MS 39284

JUN 19 1996

Identification Number: C00004952

Reference: April Quarterly Report (2/27/96-3/31/96)

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Sincerely,

Amy Suzanne Reynolds
Reports Analyst
Reports Analysis Division

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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) Mississippi ACRE Committee	2. FEC IDENTIFICATION NUMBER C 0000 4952
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 8101	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Jackson, MS 39284-8101	

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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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 <u>2/27/96</u> through <u>3/31/96</u>		
6. (a) Cash on Hand January 1, 1996		\$ 26,289.25
(b) Cash on Hand at Beginning of Reporting Period	\$ 21,609.25	
(c) Total Receipts (from Line 18)	\$ 6,378.00	\$ 8,898.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,987.25	\$ 35,187.25
7. Total Disbursements (from Line 30)	\$ 2,000.00	\$ 9,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 25,987.25	\$ 25,987.25
9. Debts and Obligations Owed TO 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
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 Date
4/10/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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FEC FORM 3X
(revised 8/93)

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

(revised 1/1/91)

1E OF COMMITTEE Mississippi ACRE Committee		REPORT COVERING PERIOD FROM 2/27/96 TO: 3/31/96		
		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)				
ii. Unitemized	3,790.00	6,310.00	11(a)(i)	
iii. Total (add i and ii) >	3,790.00	6,310.00	11(a)(ii)	
b. Political Party Committees				
c. Other Political Committees (such as PACs)				
d. Total Contributions (add a ii, b and c) >	3,790.00	6,310.00	11(b)	
12. Transfers From Affiliated/Other Party Committees	2,588.00	2,588.00	11(c)	
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) >	6,378.00	8,898.00	11(d)	
20. Total Federal Receipts (subtract line 18 from line 19) >	6,378.00	8,898.00	12	
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, a ii, and b) >				
22. Transfers to Affiliated/Other Party Committees				
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	9,000.00	21(a)(i)	
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) >	2,000.00	9,200.00	21(a)(ii)	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,000.00	9,200.00	21(b)	
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)	3,790.00	6,310.00	21(c)	
33. Total Contribution Refunds (from line 28d)				
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,790.00	6,310.00	22	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >				
36. Offsets to Operating Expenditures (from line 15)				
37. Net Operating Expenditures (subtract line 36 from 35) >				

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)
Mississippi ACRE Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Action Committee for Rural Electrification 4301 Wilson Boulevard Arlington, VA 22203-1860		3/18/96	2,588.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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)

Mississippi ACRE Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Chip Pickering Campaign P.O. Box 6440 Laurel, MS 39440	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/96	1,000.00
B. Full Name, Mailing Address and ZIP Code Bill Crawford Campaign P.O. Box 4100 Meridian, MS 39304	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/96	1,000.00
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

