



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

January 9, 1997

Randy D. Eberts, Treasurer
Capitol Foundation Campaign Committee
P.O. Box 60
Jackson, MS 39205

Identification Number: C00084368

Reference: October Quarterly Report (7/1/96-9/30/96)

Dear Mr. Eberts:

This letter is to inform you that as of January 8, 1997, the Commission has not received your response to our request for additional information, dated December 18, 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).

The Commission notes the receipt of your Amended July (4/1/96-6/30/96) and October (7/1/96-9/30/96) Quarterly Reports on December 5, 1996. These amendments corrected the discrepancies on the Summary and Detailed Summary Pages. Please amend your report to address the following:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written

authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

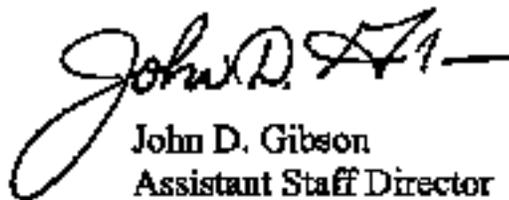
Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-Itemized disbursements must include a brief statement or description of why the disbursements were made. Please amend Schedule H4 of your report to clarify the following description(s): Reimbursement and Expense Reimbursement. For further guidance regarding acceptable purposes of disbursements, please refer to 11 CFR §104.3(b)(3).

If this information is not received by the Commission 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 related to this matter, please contact Richard Ng on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

A handwritten signature in black ink that reads "John D. Gibson". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

John D. Gibson
Assistant Staff Director
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

FOR THE PERIOD: 07/01/96 TO 09/30/96

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

PAGE 29 OF 41
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) Capital Foundation Campaign Committee

Full Name, Mailing Address, Zip Code Mr. James D. Powell 1250 S. Jackson St. Brookhaven, MS 39601	Name of Employer Occupation Self Employed	Date (month, day, year) 08/29/96	Each Receipt this Period \$300.00
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Receipt For: Primary General
 Other Specify: Federal Aggregate Year-to-Date: \$300.00

Full Name, Mailing Address, Zip Code Mr. Kenneth Powell 521 R.B Wall Oil CO. Brookhaven, MS 39601	Name of Employer Occupation Self Employed	Date (month, day, year) 08/29/96	Each Receipt this Period \$300.00
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Receipt For: Primary General
 Other Specify: Federal Aggregate Year-to-Date: \$300.00

Full Name, Mailing Address, Zip Code Mr. Chesley Pruet P. O. Box 31 El Dorado, AR 71731	Name of Employer Occupation Self Employed	Date (month, day, year) 07/15/96	Each Receipt this Period \$10000.00
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Receipt For: Primary General
 Other Specify: Federal Aggregate Year-to-Date: \$10000.00

Full Name, Mailing Address, Zip Code Mr. Ben Puckett PO BOX 3170 Jackson, MS 39207-3170	Name of Employer Puckett Machinery Occupation Salesman	Date (month, day, year) 09/18/96	Each Receipt this Period \$300.00
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Receipt For: Primary General
 Other Specify: Federal Aggregate Year-to-Date: \$300.00

Full Name, Mailing Address, Zip Code Mrs. Stephanie Funches 138 Duster Dr Natchez, MS 39120-5277	Name of Employer Occupation Homemaker	Date (month, day, year) 07/03/96 08/05/96 08/20/96 09/03/96	Each Receipt this Period \$15.00 \$15.00 \$500.00 \$25.00
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Receipt For: Primary General
 Other Specify: Federal Aggregate Year-to-Date: \$1796.00

Full Name, Mailing Address, Zip Code Mr. William Randolph 2223 Wild Valley Dr Jackson, MS 39211-6165	Name of Employer Utility Consulting Occupation President	Date (month, day, year) 09/24/96	Each Receipt this Period \$200.00
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Receipt For: Primary General
 Other Specify: Federal Aggregate Year-to-Date: \$300.00

Full Name, Mailing Address, Zip Code Mr. Les G. Range PO BOX 9204 Jackson, MS 39286-9204	Name of Employer Pro-Mark, Inc. Occupation Manager	Date (month, day, year) 07/03/96 08/05/96 09/03/96 09/18/96	Each Receipt this Period \$10.00 \$10.00 \$10.00 \$33.00
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Receipt For: Primary General
 Other Specify: Federal Aggregate Year-to-Date: \$243.00

SUBTOTAL of Receipts This Page (optional) \$11710.00

TOTAL This Period (last page this line number only)

