REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

Oct 26 10 33 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

C00084368 090294 p 248
ROBERT D CHURCH
CAPITOL FOUNDATION CAMP CMTE
PO BOX 60
JACKSON MS 39205

2. FEC IDENTIFICATION NUMBER

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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 11/8/94 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 10/1/94 through 10/19/94		
6. (a) Cash on Hand January 1, 19 94		$ 50841.79
(b) Cash on Hand at Beginning of Reporting Period	$ 72905.07	
(c) Total Receipts (from Line 19)	$ 4692.00	$ 321849.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 77597.07	$ 372691.68
7. Total Disbursements (from Line 30)	$ 19194.22	$ 314288.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 58402.85	$ 58402.85
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, Asst. Treasurer

Signature of Treasurer
Annette Hope

Date
10/25/94

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 1/1/91)

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

(revised 7/1/93)

NAME OF COMMITTEE: Capital Foundation Camp Cmte

REPORT COVERING PERIOD FROM 10/1/94 TO: 10/19/94

	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)	500.00	45260.00
ii. Unitemized	4192.00	232777.94
iii. Total (add i and ii) ➤	4692.00	278037.94
b. Political Party Committees		
c. Other Political Committees (such as PACs)	-0-	5000.00
d. Total Contributions (add a iii, b and c) ➤	4692.00	283037.94
12. Transfers From Affiliated/Other Party Committees	-0-	10000.00
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	3360.00
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	-0-	25451.95
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4692.00	321849.89
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4692.00	296397.94
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	25452.30
ii. Non-Federal Share	-0-	25451.95
b. Other Federal Operating Expenditures	19194.22	247784.58
c. Total Operating Expenditures (add a i, a ii, and b) ➤	19194.22	298688.83
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	15600.00
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) ➤	19194.22	314288.83
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	19194.22	288836.88
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4692.00	283037.94
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	4692.00	283037.94
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	19194.22	273236.88
36. Offsets to Operating Expenditures (from line 15)	-0-	3360.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	19194.22	269876.88

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11ai

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 Camp Cmte

A. Full Name, Mailing Address and ZIP Code Allen L. Kitchens Box 849 Hazlehurst, MS 39083 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Name of Employer Kitchen Brothers Manufacturing Co. Occupation Owner Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 10/17/94	Amount of Each Receipt this Period 500.00
B. 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
C. 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
D. 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
E. 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
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)	500.00

9 4 0 3 9 0 7 0 8 2 2

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)
Capital Foundation Camp Cmte

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Deposit Guaranty Bank P. O. Box 1200 Jackson, MS 39215	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94	3277.17
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tombigbee Development 555 Tombigbee Jackson, MS 39201	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94	2151.90
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tombigbee Development 555 Tombigbee Jackson, MS 39201	Parking, employee Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94	210.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Heritage Life 76 S. Laura Jacksonville, MS 32202	Insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94	90.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blue Cross/Blue Shield P. O. Box 2312 Jackson, MS 39225	Health Insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94	732.52
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Deposit Guaranty Bank P. O. Box 1200 Jackson, MS 39215	Car Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94	396.89
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
South Central Bell Jackson, MS 39202	Telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94 10/18/94 10/18/94	50.64 501.03 327.69
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MS Power and Light Co. P. O. Box 2307 Jackson, MS 39225	Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94	545.73
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Copelco Capital P. O. Box 728 Park Ridge, NJ 07656	Copier Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94	294.25

SUBTOTAL of Disbursements 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 2 OF 2

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	Date (month, day, year)	Amount of Each Disbursement This Period
A. MS State Tax Commission P. O. Box 960 Jackson, MS 39205	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/3/94	410.42
B. MCTA 833 E. River Place Jackson, MS 39202	Telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/6/94	229.39
C. Communigroup P. O. Box 940 Jackson, MS 39205	Telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/6/94	404.72
D. Chris Webster 714 N. President Jackson, MS 39202	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/14/94	1432.09
E. DMS 12450 Automobile Blvd. Clearwater, FL 34622	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/7/94	2585.00
F. Unitech P. O. Box 20639 Jackson, MS 39289	Maint. on copier Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/10/94	1171.12
G. Tim Stubbs 3043 Autumn Place Jackson, MS 39212	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin.	10/14/94	448.00
H. Betty Twiner 147 Lake Bend Cr. Brandon, MS 39042	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/14/94	588.02
I. Annette Hope 131 David Hope Drive Ridgeland, MS 39157	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/14/94	765.53

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

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

3 4 1 3 7 0 9 2 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Capital Foundation Camp Cmte

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Cy Rosenblatt 4361 Honeysuckle Jackson, MS 39211	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/14/94	494.50
B. Full Name, Mailing Address and ZIP Code Lorrie Richardson 610 Twin Harbor Madison, MS 39110	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/14/94	72.00
C. Full Name, Mailing Address and ZIP Code Office Depot 4950 I-55 Jackson, MS 39225	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/17/94	470.63
D. Full Name, Mailing Address and ZIP Code Annette Hope 131 David Hope Drive Ridgeland, mS 39157	Vacation Pay Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/19/94	938.96
E. Full Name, Mailing Address and ZIP Code Cy Rosenblatt 4361 N. Honeysuckle Jackson, MS 39211	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	10/19/94	255.83
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
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
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
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

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

TOTAL This Period (last page this line number only) 18844.53

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.

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Sub.

PREPARER

10-26-94

DATE PREPARED

FEC FORM 70-2 (12/92)

94 0 3 7 0 3 2 6