

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

JAN 23 9 28 AM '95

1. NAME OF COMMITTEE (in full) Mississippi ACRE Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 8101	2. FEC IDENTIFICATION NUMBER C 0000 4952
CITY, STATE and ZIP CODE Jackson, MS 39284-8101	3. <input type="checkbox"/> 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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>11/29/94</u> through <u>12/31/94</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 50,165.54
(b) Cash on Hand at Beginning of Reporting Period	\$ 73,074.13	
(c) Total Receipts (from Line 10)	\$ _____	\$ 40,243.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ _____	\$ 90,409.13
7. Total Disbursements (from Line 30)	\$ 2,400.00	\$ 19,735.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 70,674.13	\$ 70,674.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ _____	For further information contact: Federal Election Commission 900 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 1/19/95

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)

FE40M101

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 8X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Mississippi ACRE Committee	FROM 11/29/94	TO: 12/31/94
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		11(a)(i)
ii. Unitemized		11(a)(ii)
iii. Total	33,141.59	11(b)
(add i and ii) >	33,141.59	11(c)
b. Political Party Committees		11(d)
c. Other Political Committees (such as PACs)		12
d. Total Contributions	33,141.59	13
(add a ii, b and c) >		14
12. Transfers From Affiliated/Other Party Committees	6,102.00	15
13. All Loans Received		16
14. Loan Repayments Received		17
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	1,000.00	18
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		19
17. Other Federal Receipts (Dividends, Interest, etc.)		20
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	40,243.59	
(add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts	40,243.59	
(subtract line 18 from line 19) >		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		21(a)(i)
ii. Non-Federal Share		21(a)(ii)
b. Other Federal Operating Expenditures		21(b)
c. Total Operating Expenditures		21(c)
(add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	23
24. Independent Expenditures (use Schedule E)		24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		25
26. Loan Repayments Made		26
27. Loans Made		27
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		28(a)
b. Political Party Committees		28(b)
c. Other Political Committees (such as PACs)		28(c)
d. Total Contribution Refunds		28(d)
(add a, b and c) >		
29. Other Disbursements	1,400.00	29
30. Total Disbursements	2,400.00	30
(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31. Total Federal Disbursements	2,400.00	31
(subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		32
33,141.59		
33. Total Contribution Refunds (from line 28d)		33
34. Net Contributions (other than loans)(subtract line 33 from 32)		34
33,141.59		
35. Total Federal Operating Expenditures		35
(add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		36
37. Net Operating Expenditures		37
(subtract line 36 from 35) >		

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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

9 5 0 3 9 5 7 4 8 3 2

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roger Wicker for Congress P.O. Box 874 Tupelo, MS 38802	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/94	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Mississippi ACRE Committee

95039574333

A. 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 \$1,400.00
State disbursements below reporting threshold (8)			
B. 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
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)	\$1,400.00

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

1-18-95

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

SMH
PREPARER

1-23-95
DATE PREPARED

9 5 0 3 9 5 7 4 9 3 4