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)
Capital Foundation Camp Cmte

ADDRESS (number and street) ☐ Check if different than previously reported
P. O. Box 60

CITY, STATE and ZIP CODE
Jackson, MS 39205

2. FEC IDENTIFICATION NUMBER
C00084368

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 PrePrimary Runoff (Type of Election) election on June 7, 1994 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 5/19/94 through 6/8/94		
6. (a) Cash on Hand January 1, 19 94		$ 50841.79
(b) Cash on Hand at Beginning of Reporting Period	$ 79310.63	
(c) Total Receipts (from Line 19)	$ 22162.00	$ 205991.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 101472.63	$ 256833.07
7. Total Disbursements (from Line 30)	$ 19348.24	$ 174708.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 82124.39	$ 82124.39
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 6/15/94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: Capital Foundation Camp Cmte

REPORT COVERING PERIOD FROM 5/19/94 TO: 6/9/94

	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)	3950.00	38450.00
ii. Unitemized	18212.00	152541.28
iii. Total (add i and ii) ➤	22162.00	190991.28
b. Political Party Committees		
c. Other Political Committees (such as PACs)	0.00	5000.00
d. Total Contributions (add a iii, b and c) ➤	22162.00	195991.28
12. Transfers From Affiliated/Other Party Committees	0.00	10000.00
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) ➤	22162.00	205991.28
20. Total Federal Receipts (subtract line 18 from line 19) ➤	22162.00	205991.28
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	19348.24	174708.68
c. Total Operating Expenditures (add a i, a ii, and b) ➤	19348.24	174708.68
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
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) ➤	19348.24	174708.68
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	19348.24	174708.68
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	22162.00	195991.28
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	22162.00	195991.28
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	19348.24	174708.68
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	19348.24	174708.68

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

Capital Foundation Camp Cmte

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Patrick R. Buchanan 120 Balmoral Biloxi, MS Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Brown and Watt Occupation: Attorney Aggregate Year-to-Date $ 250.00	5/24/94	250.00
B. Tommy E. Dulaney Route 2, Box 24 Meridian, MS 39305 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Structural Steel Occupation: Executive Aggregate Year-to-Date $ 600.00	6/1/94	600.00
C. George Godwin, Jr. 2630 Lake Circle Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Godwin Ad Agency Occupation: Owner Aggregate Year-to-Date $ 225.00	6/1/94	200.00
D. B. Pat Green, Jr. P. O. Box 15249 Hattiesburg, MS 39204 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Occupation: Retired Aggregate Year-to-Date $ 250.00	5/18/94	250.00
E. W. W. Gresham, Jr. P. O. Box 690 Indianola, MR 38751 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Self Occupation: Petroleum Wholesaler Aggregate Year-to-Date $ 300.00	5/24/94	300.00
F. Mrs. Gretchen Gulmon 37 Polo Drive Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Housewife Occupation: Aggregate Year-to-Date $ 500.00	5/26/94	500.00
G. Stuart C. Irby, Jr. P. O. Box 1819 Jackson, MS 39215 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Irby Construction Occupation: Executive Aggregate Year-to-Date $ 500.00	5/23/94	500.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Capital Foundation Camp Cmte

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mr. Charles H. Lewis P. O. Box 70 Gloster, MS 39638 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Lewis Timber Occupation: Owner Aggregate Year-to-Date $ 250.00	5/18/94	150.00
B. Frank K. Odom 404 Poplar Street Greenwood, MS 38930 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Retired Occupation: Aggregate Year-to-Date $ 250.00	5/27/94	250.00
C. Mary B. Richmond 2601 Lake Circle Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Housewife Occupation: Aggregate Year-to-Date $ 250.00	5/23/94	250.00
D. Harry Spooner 210 E. Capital Jackson, MS 39201 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Spooner Energy Occupation: Geologist Aggregate Year-to-Date $ 500.00	5/18/94	500.00
E. Quinton Stringer 1807 Ridgeover Place Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify): Admin	Retired Occupation: Aggregate Year-to-Date $ 235.00	5/26/94	200.00
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date $		
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date $		

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

TOTAL This Period (last page this line number only) 3950.00

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 / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Deposit Guaranty Bank P. O. Box 1200 Jackson, MS 39215	EZ Diskette Admin	5/20/94	250.00
B. 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**
US Postmaster Jackson, MS 39205	Postage Admin	5/24/94	500.00
C. 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**
DMS 12450 Automobile Blvd. Clearwater, FL 34622	Sustaining Member Admin	5/24/94	2651.81
D. 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**
Peter Arbuthnot 119 Scotland Road Clinton, MS 39056	Salary Admin	5/26/94	569.38
E. 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**
Peter Arbuthnot 119 Scotland Road Clinton, MS 39056	Software Admin	5/26/94	301.00
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**
Annette Hope 131 David Hope Drive Ridgeland, MS 39157	Salary Admin	5/31/94	719.35
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**
Betty Twiner P. O. Box 970 Brandon, MS 39042	Salary Admin	5/31/94	588.02
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**
Chris Webster 714 N. President Jackson, MS 39202	Salary Admin	5/31/94	1432.09
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**
Tim Stubbs 3043 Autumn Place Jackson, MS 39212	Salary Admin	5/31/94	578.50

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

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	Date (month, day, year)	Amount of Each Disbursement This Period
Tombigbee Development 555 Tombigbee St. Jackson, MS 39201	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/1/94	2151.90
Alpha Printing Company P. O. Box 7106 Jackson, MS 39282	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/1/94	1363.63
Blue Cross/Blue Shield P. O. Box 2312 Jackson, MS 39225	Health Insurance Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/1/94	553.33
Patton Publishing P. O. Box 3803 Jackson, MS 39207	Newsletter Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/1/94	728.56
Deposit Guaranty Bank P. O. Box 1200 Jackson, MS 39215	Car Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/1/94	396.89
MS Power and Light Co. P. O. Box 2307 Jackson, MS 39225	Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/1/94	451.17
Hinds County Tax Collector Jackson, MS 39201	Car Tag Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/1/94	544.41
Deposit Guaranty Bank P. O. Box 1200 Jackson, MS 39215	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/7/94	2659.84
CommuniGroup P. O. Box 940 Jackson, MS 39205	Telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/8/94	250.45

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

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

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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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Copelco Creit Corp P. O. Box 728 Park Ridge, NJ 07656	Copier Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/8/94	294.25
B. 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
C. 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
D. 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
E. 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
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)	16984.58

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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 6-17-94
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

SKB.

PREPARER

6-17-94

DATE PREPARED

FEC FORM 70-2 (12/92)

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