REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

AUG 2 12 59 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1 C00084368 061493 F 243
B KEITH HILL
MISSISSIPPI REP PARTY 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

[X] 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 _____ (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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 5/6/93 through 6/30/93		
6. (a) Cash on Hand January 1, 1993		$ 6460.17
(b) Cash on Hand at Beginning of Reporting Period	$ 48919.73	
(c) Total Receipts (from Line 19)	$ 45548.31	$ 170686.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 94468.04	$ 177146.35
7. Total Disbursements (from Line 30)	$ 71815.69	$ 154494.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 22652.35	$ 22652.35
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

Signature of Treasurer: B. Keith Hill

Date: 7.30.93

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)

23038543915

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

(revised 1/1/91)

NAME OF COMMITTEE: Capital Foundation

REPORT COVERING PERIOD FROM 5/6/93 TO: 7/1/93

	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)	9965.00	81226.00
ii. Unitemized	12456.11	64402.98
iii. Total (add i and ii) ➤	22421.11	145628.98
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	22421.11	145628.98
12. Transfers From Affiliated/Other Party Committees	23127.20	23127.20
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		1930.00
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		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	45548.31	170686.18
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
i. Non-Federal Share		
b. Other Federal Operating Expenditures	66815.69	139494.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	66815.69	139494.00
22. Transfers to Affiliated/Other Party Committees	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	10000.00
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) ➤	71815.69	154494.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	22421.11	145628.98
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	22421.11	145628.98
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	66815.69	139494.00
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	66815.69	139494.00

7 3 0 3 8 5 4 3 9 1 6

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

Capital Foundation

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Murphy Adkins P. O. Box 700 Brandon, MS 39042 Receipt For: Primary General Other (specify):	Brandon Hi School Occupation: Teacher Aggregate Year-to-Date $ 320.00	6/1/93	120.00
B. Esther Barrett 806 Second Street Gulfport, MS 39501 Receipt For: Primary General Other (specify):	Self Occupation: Housewife Aggregate Year-to-Date $ 310.00	6/1/93	20.00
C. David Beard 722 Country Place Pearl, MS 39208 Receipt For: Primary General Other (specify):	Victor Smith Occupation: Executive Aggregate Year-to-Date $ 360.00	6/1/93	60.00
D. Fred L. Beard 2512 Bluecutt Columbus, MS 39701 Receipt For: Primary General Other (specify):	Retired Occupation: Aggregate Year-to-Date $ 430.00	6/1/93	30.00
E. John Bowlin P. O. Box 39 Hickory Flat, MS 38633 Receipt For: Primary General Other (specify):	Lovett and Font Occupation: Salesman Aggregate Year-to-Date $ 260.00	6/1/93	60.00
F. Eddie Briggs P. O. Box 1018 DeKalb, MS 39328 Receipt For: Primary General Other (specify):	State of MS Occupation: Lt. Governor Aggregate Year-to-Date $ 1060.00	6/1/93	60.00
G. Cecil Cartwright Box 227 Yazoo City, MS 39194 Receipt For: Primary General Other (specify):	Retired Occupation: Aggregate Year-to-Date $ 1260.00	6/1/93	60.00

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 10

FOR LINE NUMBER: 11a1

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NAME OF COMMITTEE (in Full): Capital Foundation

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mr. James P. Cassidy 700 Peyton Cr. Marks, MS 38646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self and Company Cotton Gin Occupation: President Aggregate Year-to-Date: $ 202.00	6/1/93	202.00
B. Harry B. Collins 112 Deer Creek Dr. Scott, MS 38772 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physican Aggregate Year-to-Date: $ 260.00	6/1/93	60.00
C. Wilbur O. Colon Box 866 Columbus, MS 39703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colon & Colon Occupation: Attorney Aggregate Year-to-Date: $ 560.00	6/1/93	60.00
D. Robert N. Condon 1140 Greenway Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation: Aggregate Year-to-Date: $ 242.00	6/1/93	140.00
E. James M. Cooper 20 Cla-wood Place Tupelo, MS 38801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physican Aggregate Year-to-Date: $ 220.00	6/1/93	100.00
F. Karl B. Cornwell 50 East Drive Belden, MS 38826 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation: Aggregate Year-to-Date: $ 550.00	6/1/93	150.00
G. Ted Grouse 308 Camellia Lane Indianola, MS 38751 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lewis Grocery Occupation: President Aggregate Year-to-Date: $ 260.00	6/1/93	60.00

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 3 OF 10

FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (in Full)

Capital Foundation

A. Full Name, Mailing Address and ZIP Code Dan C. Davis 1615 Pinehurst Jackson, MS 39202	Name of Employer Self	Date (month, day, year) 6/1/93	Amount of Each Receipt this Period 20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Telemarketing		
	Aggregate Year-to-Date > $ 260.00		
B. Full Name, Mailing Address and ZIP Code Wilburn Delancey 807 Wildwood Yazoo City, MS 39194	Name of Employer Retired	Date (month, day, year) 5/10/93	Amount of Each Receipt this Period 25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 275.00		
C. Full Name, Mailing Address and ZIP Code Mike Dunaway Box 2922 Columbus, MS 39701	Name of Employer Self	Date (month, day, year) 6/1/93	Amount of Each Receipt this Period 135.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Land Developer		
	Aggregate Year-to-Date > $ 335.00		
D. Full Name, Mailing Address and ZIP Code Nell P. Frisbie 106 Carroll Avenue Bay St. Louis, MS 39502	Name of Employer Self	Date (month, day, year) 6/1/93	Amount of Each Receipt this Period 55.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Housewife		
	Aggregate Year-to-Date > $ 355.00		
E. Full Name, Mailing Address and ZIP Code John H. Geary Box 1038 Jackson, MS 39215	Name of Employer Self	Date (month, day, year) 6/1/93	Amount of Each Receipt this Period 60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Investments		
	Aggregate Year-to-Date > $ 460.00		
F. Full Name, Mailing Address and ZIP Code Frank Genzer, Jr. 145 St. Jude Biloxi, MS 39530	Name of Employer Self	Date (month, day, year) 6/1/93	Amount of Each Receipt this Period 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Architect		
	Aggregate Year-to-Date > $ 400.00		
G. Full Name, Mailing Address and ZIP Code L. J. Goodgame Box 132 Aberdeen, MS 39730	Name of Employer Self	Date (month, day, year) 6/1/93	Amount of Each Receipt this Period 60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dentist		
	Aggregate Year-to-Date > $ 260.00		

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full): Capital Foundation

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. W. H. Graves, III 106 Tanglewood Dr. Starkville, MS 39759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MS State University Occupation: Professor Aggregate Year-to-Date: $ 300.00	6/1/93	300.00
B. Thomas G. Gresham Box 690 Indianola, MS 38751 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	W. W. Gresham Occupation: Executive Aggregate Year-to-Date: $ 230.00	6/1/93	200.00
C. W. W. Gresham, Jr. P. O. Box 690 Indianola, MS 38751 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Merchant Aggregate Year-to-Date: $ 2370.00	6/1/93	370.00
D. Jerry Guledge 104 Damper Crystal Springs, MS 39059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 640.00	6/1/93	240.00
E. Alben W. Hopkins Box 1510 Gulfport, MS 39502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date: $ 1110.00	6/1/93	110.00
F. Stuart C. Irby, Jr. Box 1819 Jackson, MS 39215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stuart Irby Co. Occupation: President Aggregate Year-to-Date: $ 2950.00	6/1/93	450.00
G. Thomas E. Johnson Box 7 Benton, MS 39039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Farmer Aggregate Year-to-Date: $ 250.00	5/10/93	50.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
Capital Foundation

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sherry Jones 91 Providence Natchez, MS 39120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jones Timber Occupation: Housewife Aggregate Year-to-Date $ 730.00	6/1/93	30.00
B. B. C. Lee 3929 Crane Blvd. Jakcson, MS 39216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation: Aggregate Year-to-Date $ 225.00	5/18/93	25.00
C. David L. May Box 8215 Vicksburg, MS 39180 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	May Company Occupation: Owner Aggregate Year-to-Date $ 250.00	6/1/93	150.00
D. John R. McCarty Box 428 Magee, MS 39111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	McCarty Farms Occupation: President/CEO Aggregate Year-to-Date $ 1360.00	6/1/93	60.00
E. H. F. McCarty, Jr. Box 366 Magee, MS 39111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	McCarty Farms Occupation: Executive Aggregate Year-to-Date $ 1390.00	6/1/93	90.00
F. Mrs. C. J. McGinnis Box 1984 Picayune, MS 39466 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Housewife Aggregate Year-to-Date $ 950.00	6/1/93	250.00
G. J. P. Mills 790 E. Main Tupelo, MS 38801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Oil and Gas Aggregate Year-to-Date $ 250.00	6/22/93	25.00

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

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

7 3 3 8 5 4 3 9 2 1

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
Capital Foundation

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James R. Moreton Box 557 Brookhaven, MS 39601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Insurance Aggregate Year-to-Date > $ 310.00	6/1/93	20.00
B. W. D. Mounger 1601 DG Bank Building Jackson, MS 39201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Investments Aggregate Year-to-Date > $ 960.00	6/1/93	60.00
C. John L. Nelms 1111 Kramer Brookhaven, MS 39601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 260.00	6/1/93	60.00
D. Jennifer Nicaud 923 E. Scenic Pass Christian, MS 39571 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Housewife Aggregate Year-to-Date > $ 5000.00	6/1/93	2000.00
E. John Palmer Box 2469 Jackson, MS 39225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mtel Occupation: CEO Aggregate Year-to-Date > $ 1160.00	6/1	60.00
F. James L. Perry 1218 Rose Hill Cr. Jackson, MS 39202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation Aggregate Year-to-Date > $ 315.00	6/1/93	30.00
G. C. Ray Phillips 372 Sun Dial Rd. Madison, MS 39110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation Aggregate Year-to-Date > $ 1040.00	6/1/93	140.00

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

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

2 3 1 3 8 5 4 3 7 2 2

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Capital Foundation

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John F. Phillips Route 5 Yazoo City, MS 39194 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Farmer Aggregate Year-to-Date $ 225.00	5/10/93	25.00
B. Ethen A. Porter Route 1 Pattison, MS 39144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation: Aggregate Year-to-Date $ 300.00	6/17/93	100.00
C. Mrs. Robert A. Punches 138 Duster Natchez, MS 39120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date $ 590.00	6/1/93	90.00
D. C. E. Rayner 112 Cedarcrest Dr. Clinton, MS 39056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation: Aggregate Year-to-Date $ 1060.00	6/1/93	60.00
E. Clarke Reed 139 Bayou Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Bus. Investments Aggregate Year-to-Date $ 790.00	6/1/93	90.00
F. Michael Retzer Box 4457 Greenville, MS 38701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Investments Aggregate Year-to-Date $ 560.00	6/1/93	60.00
G. W. B. Ridgway Box 187 Jackson, MS 39205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation: Aggregate Year-to-Date $ 560.00	5/27/93	60.00

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

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

93038543923

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Capital Foundation

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Oliver T. Robinson 312 S. Jackson Crystal Springs, MS 39059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation Aggregate Year-to-Date $ 300.00	5/18/93	100.00
B. Lloyd W. Rose 318 University Drive Starkville, MS 39759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MS St. University Occupation Professor Aggregate Year-to-Date $ 260.00	6/1/93	60.00
C. Charles Russell, Jr. 160 Ridge Drive Jackson, MS 39216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Russell Constr. Occupation Executive Aggregate Year-to-Date $ 820.00	6/2/93	120.00
D. Kaye M. Simpson 610 W. Tate Senatobia, MS 38668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation Housewife Aggregate Year-to-Date $ 220.00	6/2/93	120.00
E. Victor Smith Box 6177 Pearl, MS 39208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation Oil Exploration Aggregate Year-to-Date $ 770.00	6/2/93	70.00
F. Henry Tyler 1600 N. State St. Jackson, MS 39202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation Physician Aggregate Year-to-Date $ 600.00	5/25/93	100.00
G. Wm. Van Devender Box 5327 Jackson, MS 39216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Van Petroleum Occupation President Aggregate Year-to-Date $ 1500.00	5/23/93	1000.00

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

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

93038543924

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

Capital Foundation

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Wallace 815 Gillespie Jackson, MS 39202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Phelps, Dunbar Occupation: Attorney Aggregate Year-to-Date $ 320.00	6/1/93	120.00
B. Barbara Waters Box 1388 Collins, MS 39428 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Housewife Aggregate Year-to-Date $ 210.00	6/1/93	60.00
C. B. L. Williamson 7676 Highway 50 East Columbus, MS 39702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation: Aggregate Year-to-Date $ 350.00	6/1/93	50.00
D. Ann Wilson 31 Polo Drive Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Housewife Aggregate Year-to-Date $ 300.00	6/1/93	300.00
E. W. Roberts Wilson, Jr. 654 N. State St. Jackson, MS 39202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date $ 600.00	6/1/93	600.00
F. Win G. Wong 1109 W. Second Clarksdale, MS 38614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Grocer Aggregate Year-to-Date $ 225.00	6/17/93	25.00
G. Rice P. York Box 22511 Jackson, MS 39205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation: Aggregate Year-to-Date $ 1150.00	6/1/93	150.00

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

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

7 5 3 8 5 4 3 9 2 5

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Capital Foundation

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Young III 2316 Second Ave. Meridian, MS 39301	Young Construction	6/1/93	48.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Owner		
	Aggregate Year-to-Date > $ 248.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jerry Zoble Box 22584 Jackson, MS 39205	Self	5/27/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Oil and Gas		
	Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	9965.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

Capital Foundation

A. Full Name, Mailing Address and ZIP Code Victory '92 P. O. Box 60 Jackson, MS 39201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Transfer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 5/18/93 6/15/93 6/28/93	Amount of Each Receipt this Period 10000.00 10000.00 3127.20
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)			23127.20

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 12

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)
Capital Foundation

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Peter Arbuthnot 119 Scotland Road Clinton, MS 39056	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93 5/26/93 6/17/93	170.29 113.52 309.40
Carolyn Cooper 233 Idlebrook Dr. Jackson, MS 39212	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Damin	5/14/93 5/26/93 6/11/93	141.30 148.68 109.90
Carolyn Cooper 233 Idlebrook Drive Jackson, MS 39212	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	114.51
Ron Farris 101 Morris Petal, MS 39465	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/13/93 6/11/93	1000.00 1000.00
Mary Gates 110 E. Pearl Jackson, MS 39202	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93	94.20
Fowler Buick 856 S. State Street Jackson, MS 39201	Down Payment - Auto Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/11/93	1000.00
Tombigbee Development 555 Tomqigbee Jackson, MS 39201	Repairs to Office Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/14/93	333.50
Chris Webster 714 N. President Jackson, MS 39202	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/14/93 6/30/93	1312.77 1312.77
US Postmaster Jackson, MS 39205	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/14/93	1119.35

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

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FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Evelyn W. McPhail P. O. Box 60 Jackson, MS 39205	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93	1104.76
B. Evelyn W. McPhail P. O. Box 60 Jackson, MS 39205	Vacation Pay Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93	2218.20
C. Evelyn W. McPhail P. O. Box 60 Jackson, MS 39205	Bonus Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93	5000.00
D. Darden Reynolds 1701 Midway Clinton, MS 39056	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93 6/17/93	252.03 42.24
E. Darden Reynolds 170 Midway Clinton, MS 39056	Dinner Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93	104.99
F. Nell Eason 1140 Greymond Ave. A-22 Jackson, mS 39202	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93 5/26/93 6/14/93	679.85 679.85 679.85
G. Nell Eason 1140 Greymont A-22 Jackson, MS 39202	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Amin	6/30/93	679.85
H. Darden Reynolds 1701 Midway Clinton, MS 39056	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93 5/26/93 6/15/93	665.84 665.84 665.84
I. Darden Reynolds 1701 Midway Clinton, MS 39056	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	1492.72

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

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

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SCHEDULE 8 **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full): Capital Foundation

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
A. Stationers, Inc. Box 2421 Jackson, MS 39225	Printing	Admin	6/2/93	79.93
B. South Central Bell Box 2218 Jackson, MS 39232	Telephone	Admin	6/2/93	1222.97
C. Unitech, Inc. Box 20639 Jackson, MS 39289	Fax Lease	Admin	6/2/93	90.95
D. Tombigbee Development 555 Tombigbee St. Jackson, mS 39201	Rent	Admin	6/2/93 6/30/93	2151.90 2151.90
E. Tombigbee Development 555 Tombigbee Jackson, mS 39201	Parking	Admin	6/2/93	150.00
F. LDDS of MS 4780 I-55 North Jakcosn, MS 39211	Telephone	Admin	6/2/93	1414.91
G. Ron Farris 101 Morris Petal, MS 39465	Travel	Admin	6/2/93	248.09
H. Federal Express P. O. Box 727 Memphis, TN 38194	Postage	Admin	6/2/93	44.00
I. United Parcel Service 605 McDowell Road Jackson, MS 39206	Postage		6/2/93	153.65

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

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FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full): Capital Foundation

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. MS Bottled Water Box 5393 Jackson, MS 39296	Water Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/2/93	24.51
B. Greenbrook Flowers 6655 Old Canton Rd. Jackson, MS 39225	Funeral Spray Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/2/93	56.12
C. Ms. State Tax Commission P. O. Box 960 Jackson, MS 39205	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93 6/14/93	301.30 338.93
D. Annette Kuykendall 662 Rice Road Ridgeland, MS 39157	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93 5/26/93 6/14/93	653.35 719.35 719.35
E. Annette Kuykendall 662 Rice Road Ridgeland, MS 39157	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	719.35
F. Omni Bank 236 E. Capital St. Jackson, MS 39205	Refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93	100.00
G. Karen Collins P. O. Box 139 Jackson, MS 39205	Travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93	50.00
H. The Church Company 120 N. Congress #1120 Jackson, MS 39201	Annual Audit Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93	4700.00
I. Office Depot 4950 I-55 North Jackson, MS 39211	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93 6/14/93	289.49 118.66

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

Capital Foundation

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. T. L. Cluff 1055 Quinn Jackson, MS 39202	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/14/93 6/30/93	237.34 290.68
B. Annette Kuykendall 131 David Hope Drive Ridgeland, MS 39157	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/17/93	185.07
C. Hinds County Tax Collector Jackson, MS 39201	Auto Tag and Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/18/93	696.66
D. Petty Cash	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/22/93	87.12
E. Clarion-Ledger P. O. Box 23055 Jackson, MS 39225	Subscription - Newspaper Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/22/93	37.50
F. Patton Publishing P. O. Box 3808 Jackson, MS 39207	Newsletter Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	756.41
G. Annette Kuykendall 131 David Hope Drive Ridgeland, MS 39157	Vacation Pay Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/10/93	401.35
H. Paige Dickerson 5178 Sunnyvale Dr. Jackson, MS 39211	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	246.74
I. Direct Mail Systems 11801-2 28th St., North St. Petersburg, FL 33716	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	1265.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

Capital Foundation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Grice P. O. Box 11226 Jackson, MS 39213	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93 5/26/93 6/11/93	164.38 141.30 125.60
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Grice P. O. Box 11226 Jackson, MS 39213	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin.	6/30/93	172.23
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tiki Spencer 4901 McWillie Ct. Jackson, MS 39206	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin.	5/14/93	94.20
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shirley Moore 941 Witsell Rd. Jackson, MS 39206	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin.	5/14/93 5/26/93 6/11/93	141.30 141.30 148.68
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shirley Moore 941 Witsell Rd. Jackson, MA 39206	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Adminm	6/30/93	125.60
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Myrtis McCray 2275 N. Siwell Rd. Jackson, MS 39212	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93 5/26/93 6/11/93	125.60 141.30 148.68
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Myrtis McCray 2275 N. Siwell Rd. Jackson, MS 39212	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	141.30
H. 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 39201	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/14/93 6/14/93	3090.92 3633.29
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Sistrunk 681 Highway 468 Brandon, MS 39042	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/11/93 6/30/93	125.60 156.99

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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

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NAME OF COMMITTEE (in Full)

Capital Foundation

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Pitney Bowes Credit Corp. P. O. Box 5151 Norwalk, CT 06856	Equipment Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/10/93	559.61
B. Arnold Hederman 1024 Bridgeport Madison, MS 39110	Vacation Pay Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93	775.60
C. Arnold Hederman 1024 Bridgeport Madison, MS 39110	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93 5/13/93	654.39 622.42
D. Edwin Edwards 1127 1/2 N. Lamar Jackson, MS 39202	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/26/93 6/11/93 6/30/93	66.72 117.75 137.37
E. Charles King 87 Terrapin Dr. Brandon, MS 39042	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/26/93 6/11/93 6/30/93	141.30 125.60 141.30
F. Blue Cross/Blue Shield Box 2312 Jackson, MS 39225	Insurance - Health Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/2/93 6/30/93	874.08 874.08
G. American Heritage Life 76 South Laura Jacksonville, FL 32202	Insurance - Life Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/2/93	128.30
H. Alpha Printing P. O. Box 7106 Jackson, MS 39282	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/2/93	1035.36
I. MS Power and Light Co. P. O. Box 23033 Jackson, MS 39225	Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/2/93	460.49

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

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NAME OF COMMITTEE (in Full)

Capital Foundation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bruce Weathersby 149 Pine Island Jackson, MS 39206	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93	94.20
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bruce Weathersby 149 Pine Island Jackson, MS 39206	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/26/93	125.60
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bruce Weathersby 149 Pine Island Jackson, MS 39206	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/11/93	130.21
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bruce Weathersby 149 Pine Island Jackson, MS 39206	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	85.89
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Scoot Schoonmaker 160 Broadway E-3 Clinton, MS 39056	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93	141.30
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Scott Schoonmaker 160 Broadway E-3 Clinton, MS 39056	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/26/93	141.30
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Scott Schoonmaker 160 Broadway E-3 Clinton, MS 39056	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/11	217.95
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Scott Schoonmaker 160 Broadway E-3 Clinton, MS 39056	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	156.99
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sean Johnson 813 B Serville Drive Jackson, MS 39206	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/14/93	94.20

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

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NAME OF COMMITTEE (In Full)
Capital Foundation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Karen Collins P. O. Box 139 Jackson, MS 39205	Travel Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Admin	5/13/93	50.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postage by Phone P. O. Box 7900071 St. Louis, MO 63179	Postage Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Admin	5/26/93 6/17/93	500.00 1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MS Casualty Insurance 1803 Howard St. Jackson, MS 39202	Workmen's Compren. Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Admin	5/26/93	968.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jason Dean 1211 Woody Drive Jackson, MS 39212	Salary Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Admin	6/8/93	55.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chris Webster 714 N. President Jackson, MS 37202	Travel Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Admin	6/8/93 6/17/93	42.00 52.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Billy R. Powell 201 E. Lake Drive Brandon, MS 39042	Travel Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Admin	6/8/93 6/17/93	279.11 442.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Jackson, MS 39201	Postage Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Admin	6/8/93	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Copelco Credit Box 728 Upper Saddle River, NJ 07458	Copier Lease Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Admin	6/8/93	294.25
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aristotle, Inc. 205 Penn. Avenue, SE Washington, DC 20003	Demo Tape Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Admin	6/8/93	25.00

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

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

2 3 3 8 5 4 3 9 3 6

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full): Capital Foundation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Broadwater Inn Biloxi, MS 39503	Meeting Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/30/93	154.00
B. Full Name, Mailing Address and ZIP Code City of Biloxi Biloxi, MS 39506	Room Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/6/93	25.00
C. Full Name, Mailing Address and ZIP Code City of Biloxi Biloxi, MS 39506	Room Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/6/93	25.00
D. Full Name, Mailing Address and ZIP Code United Parcel Service 605 McDowell Jackson, MS 39206	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/10/93	176.25
E. Full Name, Mailing Address and ZIP Code Evelyn W. McPhail P. O. Box 60 Jackson, MS 39205	Salary Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/13/93	484.46
F. Full Name, Mailing Address and ZIP Code MCTA 833 E. River Place Jackson, MS 39702	Telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/14/93 6/22/93	87.02 120.25
G. Full Name, Mailing Address and ZIP Code University of Mississippi MAS Golf Starkville, MS	Minority Golf Tourn. Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/14/93	100.00
H. Full Name, Mailing Address and ZIP Code Ramada Inn 400 Greymont Avenue Jackson, MS 39202	Meeting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/26/93	189.38
I. Full Name, Mailing Address and ZIP Code Hinds Community College Clinton, MS 39056	Room Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/13/93	75.00

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

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FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

Capital Foundation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Laser Logic P. O. Box 1126 Ridgeland, mS 39158	Repair equipment Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/11/93	64.15
B. Full Name, Mailing Address and ZIP Code Gil Ford Photography 1048 Greymont Jackson, MS 39202	Photos Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	6/11/93	34.24
C. Full Name, Mailing Address and ZIP Code Cellular South	Telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Admin	5/10/93 6/11/93	76.70 3.87
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) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 OF 12
	FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Capital Foundation

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 Jakcson, MS 39205	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/30/93 6/30/93	45.96 55.69
B. 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 39205	Printed Checks Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/93	256.45
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)	66815.69

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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 22

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NAME OF COMMITTEE (in Full)
Capital Foundation

A. Full Name, Mailing Address and ZIP Code Republican Party of Texas 211 E. 7th St. #620 Austin, Texas 78701	Purpose of Disbursement Transfer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/26/93	Amount of Each Disbursement This Period 5000.00
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
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)	5000.00

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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
☑	First Class Mail	POSTMARKED 7-30-93
☐	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

SLD. — PREPARER

8-3-93 — DATE PREPARED

FEC FORM 70-2 (12/92)

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