

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL ROOM

2001 JUL 30 A 11:39

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: if typing, type over the lines.

12FE4M5

Delay for Congress

ADDRESS (number and street)

1713 South D

Check if different than previously reported. (ACC)

Port Smith

AR

72901

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AR

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

In the State of

XX

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

In the State of

XX

5. Covering Period

01 / 01 / 2001

01 / 30 / 2001

through

06 / 30 / 2001

07 / 27 / 2001

2001

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

John L. Przybysz

Signature of Treasurer

John L. Przybysz

Date

07 / 27 / 2001

2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3

(Revised 1/01)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 2 (Revised 1/01)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

01 / 01 / 2001

To:

06 / 30 / 2001

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	7200.00	7200.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	7200.00	7200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2990.00	2990.00
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2990.00	2990.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	4210.00	
9. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debt and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
899 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3 (Revised 1/01)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

01 / 01 / 2001

To:

06 / 30 / 2001

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	7200.00	
(ii) Unitemized -----	0.00	
(iii) TOTAL of contributions from individuals -----▶	7200.00	7200.00
(b) Political Party Committees -----	0.00	0.00
(c) Other Political Committees (such as PACs) -----	0.00	0.00
(d) The Candidate -----	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(i), (b), (c), and (d))	7200.00	7200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	0.00	0.00
(b) All Other Loans -----	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)) -----	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) -----▶	7200.00	7200.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	2990.00	2990.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2990.00	2990.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	7200.00
25. SUBTOTAL (add Line 23 and Line 24)	7200.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	2990.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	4210.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 4
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Delay for Congress

Full Name (Last, First, Middle Initial) A. Howard D. Blagg		Date of Receipt 10 / 10 / 2000
Mailing Address 1951 West Clay		Amount of Each Receipt this Period 250.00
City Houston	State Zip Code TX 77019	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 250.00
Name of Employer Unknown	Occupation Accountant	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Patricia D. Hodges		Date of Receipt 05 / 18 / 2001
Mailing Address 205 Rivercrest Dr		Amount of Each Receipt this Period 1,000.00
City Fort Smith	State Zip Code AR 72903	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1,000.00
Name of Employer None	Occupation Housewife	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) C. W. Cosby Hodges		Date of Receipt 05 / 18 / 2001
Mailing Address 205 Rivercrest Dr,		Amount of Each Receipt this Period 1,000.00
City Fort Smith	State Zip Code AR 72903	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 1,000.00
Name of Employer American Check Cashers	Occupation Business Owner	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	2,250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 4
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (in Full)
Delay for Congress

Full Name (Last, First, Middle Initial) A. John C. Everett		Date of Receipt 05 / 23 / 2001
Mailing Address 11133 Viney Grove Road		Amount of Each Receipt this Period 1,000.00
City Prairie Grove	State Zip Code AR 72753	
FEC ID number of contributing federal political committee C		
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) B. Roy Adams		Date of Receipt 06 / 01 / 2001
Mailing Address 2009 Kimberling Place		Amount of Each Receipt this Period 200.00
City Almas	State Zip Code AR 72921	
FEC ID number of contributing federal political committee C		
Name of Employer None	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Donald R. Bustion, II		Date of Receipt 06 / 02 / 2001
Mailing Address P.O. Box 954		Amount of Each Receipt this Period 250.00
City Magnolia	State Zip Code AR 71770	
FEC ID number of contributing federal political committee C		
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1,450.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 3 OF 4
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)

Delay for Congress

Full Name (Last, First, Middle Initial)

A. Jerry W. Neel, Sr.

Mailing Address

3619 Southview Dr.

City

Fort Smith

State

AR

Zip Code

72903

FEC ID number of contributing
federal political committee

C

Name of Employer

Jerry Neel's Restaurant

Occupation

Business Owner

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Sanders

Mailing Address

2332 Wisteria

City

Baton Rouge

State

LA

Zip Code

70806

FEC ID number of contributing
federal political committee

C

Name of Employer

None

Occupation

Housewife

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1,000.00

Date of Receipt

06 / 27 / 2001

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Jack Gregory Magness

Mailing Address

4113 South 35th Street

City

Fort Smith

State

AR

Zip Code

72903

FEC ID number of contributing
federal political committee

C

Name of Employer

Hardin, Jesson, & Terry

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1,000.00

Date of Receipt

06 / 29 / 2001

Amount of Each Receipt this Period

1,000.00

SUBTOTAL of Receipts This Page (optional)

2,500.00

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 4 OF 4
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
 Delay for Congress

Full Name (Last, First, Middle Initial)
A. Rex Terry

Mailing Address
 5000 Rogers Ave., Suite 500

City State Zip Code
 Fort Smith AR 72903

FEC ID number of contributing federal political committee
 C

Name of Employer Occupation
 Hardin, Jesson, & Terry Attorney

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) 1,000.00

Date of Receipt
 06 / 29 / 2001

Amount of Each Receipt this Period
 1,000.00

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee
 C

Name of Employer Occupation

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify)

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee
 C

Name of Employer Occupation

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify)

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 7,200.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

12 15 18a
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Delay for Congress

Full Name (Last, First, Middle Initial)

A. Olympia Polling

Mailing Address

1400 West Markham

City

Little Rock, A

State

AR

Zip Code

72201

Purpose of Disbursement

Polling

005

Candidate Name

Robert G. Delay

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▾

State: AR

District: 03

Date of Disbursement

06 / 02 / 2001

Amount of Each Disbursement this Period

2,610.00

Full Name (Last, First, Middle Initial)

B. Robert G. Delay

Mailing Address

1713 South D

City

Fort Smith

State

AR

Zip Code

72903

Purpose of Disbursement

Travel to Washington, DC

002

Candidate Name

Robert G. Delay

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▾

State: AR

District: 03

Date of Disbursement

06 / 21 / 2001

Amount of Each Disbursement this Period

380.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▾

State:

District:

Date of Disbursement

 / /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

2,990.00

TOTAL This Period (Use page this line number only) ▶

2,990.00

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 1 OF 2
FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Delay for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)
None

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS Date Incurred Date Due Interest Rate Secured:
% (ap) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page 2 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (in Full) Delay for Congress	FEC IDENTIFICATION NUMBER C
---	--------------------------------

LENDING INSTITUTION (LENDER) Full Name None	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address City _____ State _____ Zip Code _____	Date Incurred or Established _____ / _____ / _____	Date Due _____ / _____ / _____

A. Has loan been restructured? No Yes If yes, date originally incurred _____ / _____ / _____

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(B) and 100.8(b)(12)(B).

Date account established: _____ / _____ / _____

Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name _____ Signature _____	DATE _____ / _____ / _____
---	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____ Title _____	DATE _____ / _____ / _____
--	-------------------------------

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (in Full)

Delay for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

None

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

1) SUBTOTALS This Period This Page (optional) ▶

2) TOTALS This Period (last page this line number only) ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

[Empty boxes for summary calculations]

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-27-01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

Jmw
PREPARER

7-20-01
DATE PREPARED