

CONTRIBUTIONS FROM INDIVIDUALS (OTHERS)

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NAME OF COMMITTEE (in Full)

William L. "Bill" Jenkins For Congress C00318584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBOUR, GRIFFITH & ROGERS P.O. Box 900 GASCON CITY, MS 39199	PARTNERSHIP	3-31-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	SEE ATTRIBUTION BELOW
		\$ 1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY GRIFFITH 1275 PENNSYLVANIA AVE N.W. WASHINGTON D.C. 20004	BARBOUR, GRIFFITH & ROGERS	3-31-98	250.00 (MEMO)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	ATTORNEY	\$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRY BARBOUR 1275 PENNSYLVANIA AVE N.W. WASHINGTON D.C. 20004	BARBOUR, GRIFFITH & ROGERS	3-31-98	250.00 (MEMO)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	ATTORNEY	\$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ED ROGER 1275 PENNSYLVANIA AVE N.W. WASHINGTON D.C. 20004	BARBOUR, GRIFFITH & ROGERS	3-31-98	250.00 (MEMO)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	ATTORNEY	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS HENICK 1275 PENNSYLVANIA AVE N.W. WASHINGTON D.C. 20004	BARBOUR, GRIFFITH & ROGERS	3-31-98	250.00 (MEMO)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
	ATTORNEY	\$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		\$ 0	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
		\$ 0	

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only) 9300.00