

HAND DELIVERED

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
OFFICE OF RECORDS & REGISTRATION

1992 OCT 21 AM 11:09

OFFICE OF THE CLERK

U.S. HOUSE OF REPRESENTATIVES

036200

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☒ NO

1. NAME OF COMMITTEE (in full)

FRIENDS OF BUTLER DERRICK

ADDRESS (number and street) ☐ Check if different than previously reported.

Post Office Box 458

CITY, STATE and ZIP CODE

Greenwood, SC 29648

STATE/DISTRICT

SC-3

4. TYPE OF REPORT

☐ 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

This report contains
activity for

☒ Primary Election

☒ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10-01-92 through 10-14-92		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	73,917.00	401,769.77
(b) Total Contribution Refunds (from Line 20(d))	0.00	1,350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	73,917.00	400,419.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	156,433.53	359,171.68
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	5.75
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	156,433.53	359,165.93
8. Cash on Hand at Close of Reporting Period (from Line 27)	206,804.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Susan H. Coco

Signature of Treasurer

Susan H. Coco

Date

10-19-92

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 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) FRIENDS OF BUTLER DERRICK 036200	Report Covering the Period: From: 10-01-92 To: 10-14-92
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I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	8,375.00		11(a)(i)
(ii) Unitemized	9,342.00		11(a)(ii)
(iii) Total of contributions from individuals	17,717.00	128,698.95	11(a)(iii)
(b) Political Party Committees	0.00	0.00	11(b)
(c) Other Political Committees (such as PACs)	56,200.00	273,070.82	11(c)
(d) The Candidate	0.00	0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	73,917.00	401,769.77	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.	0.00	0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	0.00	0.00	13(a)
(b) All Other Loans	0.00	0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	5.75	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	4,496.54	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	73,917.00	406,272.06	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	156,433.53	359,171.68	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.	0.00	0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	19(a)
(b) Of All Other Loans	0.00	0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0.00	1,350.00	20(a)
(b) Political Party Committees	0.00	0.00	20(b)
(c) Other Political Committees (such as PACs)	0.00	0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	1,350.00	20(d)
21. OTHER DISBURSEMENTS	0.00	12,000.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).	156,433.53	372,521.68	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	289,320.86	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	73,917.00	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	363,237.86	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).	\$	156,433.53	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).	\$	206,804.33	27

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 1 OF 3
FOR LINE NUMBER
11(a)(i)

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)

FRIENDS OF BUTLER DERRICK 036200

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judson Ayers 105 Cedar Lake Court Greenwood, SC 29649	self	10-14-92	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha W. Barnette 109 South Cedar Drive Greenwood, SC 29646	---	10-09-92	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation housewife	Aggregate Year-to-Date > \$ 1500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Payne Henderson Barnette 109 South Cedar Drive Greenwood, SC 29646	Greenwood Packing Plant	10-09-92	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 1500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Wells Berry Rt. 1, Box 23 Johnston, SC 29832	Top of the Ridge Farms	10-13-92	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation peach farmer	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Berry Johnston, SC 29832	Top of the Ridge Farms	10-13-92	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marion P. Carnell P. O. Box 119 Ware Shoals, SC 29692	Piggley Wiggley	10-01-92	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation manager	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. T. Cassels, Jr. 5001 Wittering Drive Columbia, SC 29206	Southeast Freight	10-08-92	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation president	Aggregate Year-to-Date > \$ 250.00	

 SUBTOTAL of Receipts This Page (optional) 3,500.00
 TOTAL This Period (last page this line number only)

920147/2355

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMB
11(a)(i)

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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK

036200

A. Full Name, Mailing Address and ZIP Code Mason Y. Garrett P. O. Box 2787 Anderson, SC 29622 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Anderson National Bank Occupation executive Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 10-01-92	Amount of Each Receipt this Period 125.00
B. Full Name, Mailing Address and ZIP Code John M. Hamrick Box 48 Gaffney, SC 29342 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hamrick Mills Occupation chairman Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10-03-92	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Peter D. Hyman 439 Whitman Ave. Florence, SC 29501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10-07-92	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code J. L. Jennings 24 Sirrine Drive Greenville, SC 29605 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mt. Vernon Mills Occupation president Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10-06-92	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Dr. Frank B. Lee 629 Park Avenue Florence, SC 29501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10-07-92	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code E. Erwin Maddrey 201 Crescent Avenue Greenville, SC 29605 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Delta Woodside Occupation president Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10-08-92	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code William C. Mattox 812 Chalfonte Drive Alexandria, VA 22305 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mutual of Omaha Occupation executive vice pres. Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10-10-92	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

2,875.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

A. Full Name, Mailing Address and ZIP Code Rajko D. Medenica P. O. Box 21569 Hilton Head Island, SC 29925 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10-13-92	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Patrick E. O'Donnell 8319 Kerry Road Chevy Chase, MD 20815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer O'Connor & Hannan Occupation attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10-08-92	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code John C. West P. O. Drawer 13 Hilton Head, SC 29938 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer McNair Law Firm Occupation attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10-13-92	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Anne Wexler 2801 New Mexico Ave., NW Washington, DC 20007 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Wexler Group Occupation chairman Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10-02-92	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Hubert E. Yarborough, III P. O. Box 10023 Greenville, SC 29603 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer McNair Law Firm Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10-02-92	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

2,000.00

TOTAL This Period (last page this line number only)

8,375.00

920147/2357

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

853201472358

A. Full Name, Mailing Address and ZIP Code Alabama Power Co. Employees Federal PAC P. O. Box 2641 Birmingham, AL 35291	Name of Employer Occupation	Date (month, day, year) 10-14-92	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code American Medical PAC 1101 Vermont Avenue, NW Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 10-12-92	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 9000.00		
C. Full Name, Mailing Address and ZIP Code American Sugar Cane League PAC P. O. Drawer 938 Thibodeaux, LA 70302	Name of Employer Occupation	Date (month, day, year) 10-07-92	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Ameritech PAC 30 South Wacker Drive, Floor 35 Chicago, IL 60606	Name of Employer Occupation	Date (month, day, year) 10-06-92	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code A-PAC 1575 Eye Street, NW Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 10-14-92	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code ATLA PAC (Trial Lawyers) 1050 31st Street, NW Washington, DC 20007	Name of Employer Occupation	Date (month, day, year) 10-02-92	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10,000.00		
G. Full Name, Mailing Address and ZIP Code Berman for Congress 8665 Wilshire Blvd., #220 Beverly Hills, CA 90211	Name of Employer Occupation	Date (month, day, year) 10-01-92	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional)

12,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

920147/2359

A. Full Name, Mailing Address and ZIP Code Bristol-Myers Squibb Company PAC 345 Park Avenue New York, NY 10154 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10-02-92	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Capitol Holding Corporation PAC P. O. Box 32830 Louisville, KY 40232 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10-13-92	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Carolina Power & Light Company Employees Federal PAC P. O. Box 1510 Raleigh, NC 27602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 10-07-92	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Civic Involvement Program/General Motors 3044 West Grand Blvd. Detroit, MI 48202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10-01-92	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code Coastal Employee Action Fund Nine Greenway Plaza Houston, TX 77046 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10-02-92	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code Commodity Futures Political Fund 30 South Wacker Drive Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 10-02-92	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code Credit Union Legislative Action Council 805 15th Street, NW, Suite 300 Washington, DC 20005-2207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3500.00	Date (month, day, year) 10-13-92	Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>CSX Transportation, Inc. PAC 1331 Pennsylvania Avenue, NW, Suite 565 Washington, DC 20004</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1500.00</p>	<p>Date (month, day, year)</p> <p>10-06-92</p> <p>Amount of Each Receipt this Period</p> <p>1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Dealers Election Action Committee of NADA 8400 Westpark Drive McLean, VA 22102</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 4000.00</p>	<p>Date (month, day, year)</p> <p>10-01-92</p> <p>Amount of Each Receipt this Period</p> <p>3500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>District 2 MEBA-AMO, AFL-CIO Retirees 650 Fourth Avenue Brooklyn, NY 11232</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 3000.00</p>	<p>Date (month, day, year)</p> <p>10-06-92</p> <p>Amount of Each Receipt this Period</p> <p>1000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Employees Federal PAC - Duke Power P. O. Box 33189 Charlotte, NC 28242</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1500.00</p>	<p>Date (month, day, year)</p> <p>10-14-92</p> <p>Amount of Each Receipt this Period</p> <p>1000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Farm Credit PAC 50 F Street, NW, #900 Washington, DC 20001</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10-12-92</p> <p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>First Union Employees Good Government Fund "F" Fund Charlotte, NC 28288</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10-14-92</p> <p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>FMC Corporation Good Government Program 200 East Randolph Drive Chicago, IL 60601</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10-02-92</p> <p>Amount of Each Receipt this Period</p> <p>500.00</p>

SUBTOTAL of Receipts This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 4 OF 7
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

920147361

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Ford Motor Co. Civic Action Fund The American Road Dearborn, MI 48121</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2000.00</p>	<p>Date (month, day, year)</p> <p>10-10-92</p>	<p>Amount of Each Receipt this Period</p> <p>1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>GPU Power PAC 801 Pennsylvania Ave., NW, Suite 310 Washington, DC 20004</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10-02-92</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Grocery Manufacturers of America PAC 1010 Wisconsin Ave., NW, Suite 800 Washington, DC 20007</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10-08-92</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Independent Insurance Agents of America, Inc. PAC 412 First Street, SE, Suite 300 Washington, DC 20003</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 5500.00</p>	<p>Date (month, day, year)</p> <p>10-13-92</p>	<p>Amount of Each Receipt this Period</p> <p>2000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Magazine Publishers Association PAC 1211 Connecticut Ave., NW, Suite 406 Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>10-14-92</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Merck PAC - U.S. P. O. Box 20000 Rahway, NJ 07065</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10-13-92</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Morrison-Knudsen PAC - Federal Fund P. O. Box 7808 Boise, ID 83729</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary* <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>*redesignation of contribution to general election requested 10-08-92</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10-02-92</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>

SUBTOTAL of Receipts This Page (optional) 5,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 OF 7
FOR LINE NUMBER
11(c)

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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Association of Life Underwriters 1922 F Street, NW Washington, DC 20006		10-09-92	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 9000.00	
B. Full Name, Mailing Address and ZIP Code National Committee to Preserve Social Security and Medicare PAC 2000 K Street, NW, Suite 800 Washington, DC 20006		10-02-92	1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500.00	
C. Full Name, Mailing Address and ZIP Code National Council of Farmer Cooperatives Co-op PAC 50 F Street, NW, Suite 900 Washington, DC 20001		10-06-92	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code National Telephone Cooperative Association 2626 Pennsylvania Ave., NW Washington, DC 20037		10-09-92 10-09-92	200.00 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 700.00	
E. Full Name, Mailing Address and ZIP Code NationsBank Corporation PAC P. O. Box 727 Columbia, SC 29222		10-08-92	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6500.00	
F. Full Name, Mailing Address and ZIP Code NBWA PAC 5205 Leesburg Pike, Suite 505 Falls Church, VA 22041		10-14-92	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
G. Full Name, Mailing Address and ZIP Code New York Stock Exchange, Inc. PAC 1800 K Street, NW Washington, DC 20006		10-07-92	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

11,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 6 OF 7
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

A. Full Name, Mailing Address and ZIP Code Petroleum Marketers Association of America's Small Businessmen's Committee 1120 Vermont Ave., NW, #1130 Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$ 1000.00	Date (month, day, year) 10-13-92	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code Realtors PAC 430 North Michigan Avenue Chicago, IL 60611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$ 7300.00	Date (month, day, year) 10-08-92	Amount of Each Receipt this Period 5000.00
C. Full Name, Mailing Address and ZIP Code Southern Nuclear Employees PAC P. O. Box 1295 Birmingham, AL 35201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10-14-92	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Springs PAC P. O. Box 70 Fort Mill, SC 29715 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$ 2000.00	Date (month, day, year) 10-13-92	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code Turner Broadcasting System PAC, Inc. P. O. Box 105366 Atlanta, GA 30348 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$ 3000.00	Date (month, day, year) 10-02-92	Amount of Each Receipt this Period 3000.00
F. Full Name, Mailing Address and ZIP Code TRW Good Government Fund 1900 Richmond Road Cleveland, OH 44124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 10-13-92	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code The United Company PAC P. O. Box 1280 Bristol, VA 24203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$ 1000.00	Date (month, day, year) 10-02-92	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

11,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

9 2 0 1 4 7 2 3 6 4	A. Full Name, Mailing Address and ZIP Code United Food & Commercial Workers International Union Active Ballot Club 1775 K Street, NW Washington, DC 20006		Name of Employer	Date (month, day, year) 10-13-92	Amount of Each Receipt this Period 1000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 1000.00	
	B. 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 \$	
C. 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 \$		
D. 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 \$		
E. 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 \$		
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 \$		
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 \$		

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

56,200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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FOR LINE NUMBER		
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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 committees.

NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aiken Printing Company 10 Commerce Court Aiken, SC 29803	printing expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-07-92	411.08
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express *itemized Suite 0001 below Chicago, IL 60679-0001	constituent/supporter entertainment, travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-92	874.93
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
* House Restaurant Washington, DC 20515	constituent/supporter entertainment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-10-92 07-14-92 08-12-92	10.50 26.00 112.60
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
* U. S. Air P. O. Box 30515 Charlotte, NC 29830	travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-15-92 07-31-92	275.00 420.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David L. Andrukitis, Inc. Room WA29, Rayburn Bldg. Washington, DC 20515	printing expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-07-92	192.25
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ARA Services P. O. Drawer 429 Clemson, SC 29631	fundraiser expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-92	418.11
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilda Jo Charping 615 Jasmin Drive Anderson, SC 29621	salary expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-09-92	599.31
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Clemson University Info Technology Center Rt. 3, Box 500 Anderson, SC 29625	computer services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-07-92	37.49
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan H. Coco 3621 Ordway Street, NW Washington, DC 20016	salary expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-06-92	463.35

SUBTOTAL of Disbursements This Page (optional)

2,996.52

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

A. Full Name, Mailing Address and ZIP Code County Bank P. O. Box 3129 Greenwood, SC 29648	Purpose of Disbursement federal and state tax deposits Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-01-92 10-14-92	Amount of Each Disbursement This Period 1634.47 752.86
B. Full Name, Mailing Address and ZIP Code County Bank same as above	Purpose of Disbursement wiring fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-06-92 10-13-92	Amount of Each Disbursement This Period 7.50 7.50
C. Full Name, Mailing Address and ZIP Code Robert F. Ewing 203 Miracle Mile, No. 131 Anderson, SC 29621	Purpose of Disbursement salary expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-09-92	Amount of Each Disbursement This Period 113.80
D. Full Name, Mailing Address and ZIP Code Fant's Office Supplies P. O. Box 156 Anderson, SC 29622	Purpose of Disbursement office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-09-92	Amount of Each Disbursement This Period 41.92
E. Full Name, Mailing Address and ZIP Code Federal Express P. O. Box 1140, Dept. A Memphis, TN 38101	Purpose of Disbursement express mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-06-92 10-07-92 10-09-92	Amount of Each Disbursement This Period 12.73 72.75 21.50
F. Full Name, Mailing Address and ZIP Code Fenn and King 1036 Cecil Place, NW Washington, DC 20007	Purpose of Disbursement media buys, consulting fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-06-92 10-08-92 10-13-92	Amount of Each Disbursement This Period 51,295.00 3,000.00 58,050.00
G. Full Name, Mailing Address and ZIP Code Fund-Raising and Management Counsel, Inc. 3343 Peachtree Rd., NE, Suite 430 Atlanta, GA 30326	Purpose of Disbursement consulting expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-01-92	Amount of Each Disbursement This Period 30,000.00
H. Full Name, Mailing Address and ZIP Code Russell B. Gentry 201 Lowrey Road Anderson, SC 29621	Purpose of Disbursement salary expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-09-92	Amount of Each Disbursement This Period 447.20
I. Full Name, Mailing Address and ZIP Code Mary Haltiwanger 4155 East Buchanan Drive Columbia, SC 29206	Purpose of Disbursement fundraiser expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-07-92	Amount of Each Disbursement This Period 281.04

SUBTOTAL of Disbursements This Page (optional)

145,738.27

TOTAL This Period (last page this line number only)

92014712366

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

92014712367

A. Full Name, Mailing Address and ZIP Code Leasing Associates, Inc. P. O. Box 2605 Anderson, SC 29622	Purpose of Disbursement campaign car expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-05-92	Amount of Each Disbursement This Period 450.00
B. Full Name, Mailing Address and ZIP Code PIP Printing 2808 North Main Street Anderson, SC 29621	Purpose of Disbursement printing expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-05-92	Amount of Each Disbursement This Period 1017.87
C. Full Name, Mailing Address and ZIP Code Debbie Pracht 1907 East Calhoun Street Anderson, SC 29621	Purpose of Disbursement salary expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-09-92	Amount of Each Disbursement This Period 928.95
D. Full Name, Mailing Address and ZIP Code The Printer P. O. Box 1920 Anderson, SC 29621	Purpose of Disbursement printing expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-09-92	Amount of Each Disbursement This Period 1247.14
E. Full Name, Mailing Address and ZIP Code South Carolina Employment Security Commission P. O. Box 7103-Columbia, SC 29202	Purpose of Disbursement unemployment tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-05-92	Amount of Each Disbursement This Period 181.50
F. Full Name, Mailing Address and ZIP Code Skymaster Air Service 193 Woodridge Drive Spartanburg, SC 29301	Purpose of Disbursement travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-05-92	Amount of Each Disbursement This Period 312.50
G. Full Name, Mailing Address and ZIP Code Solidarity Labor News P. O. Box 24 Augusta, GA 30903	Purpose of Disbursement advertising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-09-92	Amount of Each Disbursement This Period 125.00
H. Full Name, Mailing Address and ZIP Code Sterling Printing Company P. O. Box 17 Anderson, SC 29622	Purpose of Disbursement printing expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-05-92	Amount of Each Disbursement This Period 1218.00
I. Full Name, Mailing Address and ZIP Code Typography Plus 2808-A North Main Street Anderson, SC 29621	Purpose of Disbursement printing expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-05-92	Amount of Each Disbursement This Period 1356.08

SUBTOTAL of Disbursements This Page (optional)

6,837.04

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

FRIENDS OF BUTLER DERRICK 036200

A. Full Name, Mailing Address and ZIP Code U. S. Postmaster Washington, DC	Purpose of Disbursement postage expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10-04-92 10-07-92	Amount of Each Disbursement This Period 290.00 145.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

435.00

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156,006.83

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