

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
550 MICHIGAN ST. S.W. WASHINGTON, DC 20543

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00219279 060495
WILLIAM D. SONES
FRIENDS OF MIKE PARKER FOR CONGRESS
50 CREEKVIEW LANE S E
POST OFFICE BOX 229
BROOKHAVEN MS 39601

Aug 4 11 51 AM '98

124087

2. FEC IDENTIFICATION NUMBER
3. IS THIS REPORT AN AMENDMENT?
 YES NO

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)
- 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 _____
- Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

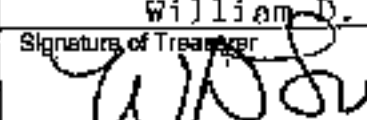
SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01-01-98</u> through <u>06-30-98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	1,300.00	1,300.00
(b) Total Contribution Refunds (from Line 20(d))	30,925.00	30,925.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	-29,625.00	-29,625.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24,364.19	24,364.19
(b) Total Offsets to Operating Expenditures (from Line 14)	98.70	98.70
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24,265.49	24,265.49
8. Cash on Hand at Close of Reporting Period (from Line 27)	323,911.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
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
William D. Sones, Treasurer

Signature of Treasurer  Date 07-27-98

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)	Report Covering the Period:	
FRIENDS OF MIKE PARKER FOR CONGRESS 124087	From: 01-01-98	To: 06-30-98
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)	750.00	
(ii) Unitemized	550.00	
(iii) Total of contributions from individuals	1,300.00	1,300.00
(b) Political Party Committees	-0-	-0-
(c) Other Political Committees (such as PACs)	-0-	-0-
(d) The Candidate	-0-	-0-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d))	1,300.00	1,300.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate	-0-	-0-
(b) All Other Loans	-0-	-0-
(c) TOTAL LOANS (add 13(a) and (b))	-0-	-0-
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	98.70	98.70
15. OTHER RECEIPTS (Dividends, Interest, etc.)	7,929.98	7,929.98
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	9,328.68	9,328.68
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	24,364.19	24,364.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	30,925.00	30,925.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	-0-	
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	30,925.00	30,925.00
21. OTHER DISBURSEMENTS	3,000.00	3,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	58,289.19	58,289.19
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	372,872.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	9,328.68
25. SUBTOTAL (add Line 23 and Line 24)	\$	382,200.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	58,289.19
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	323,911.78

SCHEDULE A

ITEMIZED RECEIPTS

(Use separate schedule(s) (PAGE 1 OF 1)
 (for each category of the 1 1
 (Detailed Summary Page (FOR LINE NO.
 11A (1)

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 MIKE PARKER FOR CONGRESS 124087	
A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
ROBERT G. MORGAN 8831 CHEVLOT ROAD CINCINNATI, OH 45251		CINCINNATI INSURANCE CO. Bonita Springs, FL Occupation PRESIDENT	1/06/98
Amount of Each Receipt this Period		\$375.00	
Receipt For: (X) Primary () General () Other (specify):		Aggregate Year-to-Date \$375.00	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
JOHN J. SCHIFF JR. 3701 BAYBROOK PLACE BONITA SPRINGS, FL 34134		CINCINNATI INS. CO. BONITA SPRINGS, FL Occupation Insurance Executive	1/06/98
Amount of Each Receipt this Period		\$375.00	
Receipt For: (X) Primary () General () Other (specify):		Aggregate Year-to-Date \$375.00	
TOTAL THIS PERIOD (LAST PAGE THIS LINE NUMBER ONLY)			750.00

SCHEDULE A

IDENTIFIED RECEIPTS

(Use separate schedule(s) for each category of the	PAGE 10F
Detailed Summary Page	1508 LINE 001
	110

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 NINE PARKER FOR CONGRESS	124057
TOTAL THIS PERIOD (LAST PAGE THIS LINE NUMBER ONLY)		.00

SCHEDULE A

ITEMIZED RECEIPTS

OFFSETS TO OPERATING EXPENDITURES

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Welch Resources, Inc. 50 Creekview Lane, Southeast Brookhaven, Mississippi 39601	Rental on Fax Machine	01-06-98 02-03-98 03-10-98	16.45 16.45 16.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Welch Resources, Inc. 50 Creekview Lane, Southeast Brookhaven, Mississippi	Rental on Fax Machine	04-08-98 05-19-98 05-29-98	16.45 16.45 16.45
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)	98.70
TOTAL This Period (last page this line number only)	98.70

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **2**
FOR LINE NUMBER **15**

OTHER RECEIPTS

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Interest C.D. # 033333	01-02-98	428.90
	Occupation	02-02-98	428.90
	Aggregate Year-to-Date	03-02-98	387.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Bank of Franklin Post Office Box 606 Meadville, Mississippi 39653	Interest C.D. # 62550	01-19-98	433.33
	Occupation	02-19-98	433.33
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Interest C.D. # 035238	01-29-98	428.90
	Occupation	02-27-98	415.07
	Aggregate Year-to-Date	03-27-98	401.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Interest on NOW Checking	01-31-98	98.90
	Occupation	02-28-98	53.12
	Aggregate Year-to-Date	03-31-98	47.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Bank of Franklin Post Office Box 606 Meadville, Mississippi 39653	Interest C. D. # 62550	03-19-98	433.33
	Occupation	05-19-98	433.33
	Aggregate Year-to-Date	05-20-98	433.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Interest C.D. # 033333	04-02-98	428.90
	Occupation	05-01-98	415.07
	Aggregate Year-to-Date	06-02-98	428.90
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Interest C. D. # 035238	04-29-98	428.90
	Occupation	05-29-98	415.07
	Aggregate Year-to-Date	06-27-98	417.12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **7,823.81**

TOTAL This Period (last page this line number only)

OTHER RECEIPTS

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Interest on NOW Checking	04/30/98	37.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/31/98	36.36
	Aggregate Year-to-Date > \$	06/30/98	31.83
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)	106.17
TOTAL This Period (last page this line number only)	7,929.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 12
FOR LINE NUMBER 17

"OPERATING EXPENDITURES"

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
State Tax Commission Post Office Box 960 Jackson, Mississippi 39205	October, November & Dec. 4th Quarter Taxes 1997	01-05-98	73.41
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Angie C. Spencer 960 Big Springs Drive, Northeast Brookhaven, Mississippi 39601	Clerical	01-05-98	366.79
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		01-15-98	395.78
Foster's Chevron 127 East Monticello Street Brookhaven, Mississippi 39601	Automobile Gas	01-05-98	33.36
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Gregg's Office Machine Co., Inc. Post Office Box 787 Brookhaven, Mississippi 39601	Office Supplies	01-05-98	264.77
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
M & R Services 50 Creekview Lane, Southeast Brookhaven, Mississippi 39601	Office Rent	01-06-98	133.50
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
The Party Place 450 Brookway Boulevard Brookhaven, Mississippi 39601	Giftwrap	01-09-98	111.00
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Internal Revenue Service Post Office Box 70503 Charlotte, North Carolina 28272	FUTA Taxes- 1997	01-12-98	97.28
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
The Party Place 450 Brookway Boulevard Brookhaven, Mississippi 39601	Giftwrap	01-14-98	22.00
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
I B M Corporation Post Office Box 2489 Atlanta, Georgia 30301	Computer Maintenance Agreement - Quarterly	01-14-98	120.21
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional) 1,618.10

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

"OPERATING EXPENDITURES"

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A T & T Post Office Box 914000 Orlando, Florida 32891-4000	Long Distance Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-23-98	11.00
B. Full Name, Mailing Address and ZIP Code I K O N 327 North Jackson Street Brookhaven, Mississippi 39601	Annual Printer Maintenance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-23-98	229.52
C. Full Name, Mailing Address and ZIP Code Don Smith 1580 East Park Lane, Northwest Brookhaven, Mississippi 39601	Computer Programming Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-27-98	130.00
D. Full Name, Mailing Address and ZIP Code Alice's Florist Post Office Box 252 Seminary, Mississippi 39479	Flowers for Constituent's Funeral Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-27-98	107.00
E. Full Name, Mailing Address and ZIP Code William Carey College Theatre Dept. 498 Tuscan Avenue Hattiesburg, Mississippi 39401	Charitable Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-27-98	1,000.00
F. Full Name, Mailing Address and ZIP Code Entergy Post Office Box 61825 New Orleans, Louisiana 70161	Electricity Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-27-98	59.10
G. Full Name, Mailing Address and ZIP Code Cellular South Post Office Box 519 Meadville, Mississippi 39653	Telephone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-27-98	78.60
H. Full Name, Mailing Address and ZIP Code Angie C. Spencer 960 Big Springs, Northeast Brookhaven, Mississippi 39601	Clerical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-28-98	405.35
I. Full Name, Mailing Address and ZIP Code Foster's Chevron 127 East Monticello Street Brookhaven, Mississippi 39601	Gas Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-30-98	45.64

SUBTOTAL of Disbursements This Page (optional)

2,066.21

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 12
FOR LINE NUMBER 17

"OPERATING EXPENDITURES"

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Federal Tax Deposit-January 941 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-02-98	320.84
B. Full Name, Mailing Address and ZIP Code Gregg Office Machine Co., Inc. Post Office Box 787 Brookhaven, Mississippi 39601	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-02-98	26.00
C. Full Name, Mailing Address and ZIP Code M & R Services 50 Creekview Lane, Southeast Brookhaven, Mississippi 39601	Office Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-02-98 03-04-98	133.50 133.50
D. Full Name, Mailing Address and ZIP Code Angie C. Spencer 960 Big Springs Drive, Northeast Brookhaven, Mississippi 39601	Clerical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-11-98 02-25-98	253.12 381.31
E. Full Name, Mailing Address and ZIP Code The Mississippi Hushpuppy Company 50 Creekview Lane, Southeast Brookhaven, Mississippi 39601	"Convention Favors" for delegate gift bags, SRC, Biloxi, Mississippi Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-19-98	1,577.49
F. Full Name, Mailing Address and ZIP Code Visa Card Center Post Office Box 30131 Tampa, Florida 33630	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-19-98	146.92
G. Full Name, Mailing Address and ZIP Code Viking Office Products Post Office Box 28500 Jacksonville, Florida 32226	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-13-98	57.38 (MEMO)
H. Full Name, Mailing Address and ZIP Code U. S. Post Office 201 West Cherokee Street Brookhaven, Mississippi 39601	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-20-98	34.76 42.23 (MEMO)
I. Full Name, Mailing Address and ZIP Code U. S. Post Office 201 West Cherokee Street Brookhaven, Mississippi 39601	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-02-98 02-04-98	6.55 6.00 (MEMO)

SUBTOTAL of Disbursements This Page (optional)	2,972.68
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**
"OPERATING EXPENDITURES"

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

PAGE 4 OF 12
FOR LINE NUMBER 17

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Foster's Chevron 127 East Monticello Street Brookhaven, Mississippi 39601	Gas Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-03-98	15.68
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South Post Office Box 740144 Atlanta, Georgia 30374-0144	Telephone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-23-98 02-20-98 03-16-98	79.91 94.88 99.66
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Entergy Post Office Box 61825 New Orleans, Louisiana 70161	Electricity Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-24-98	56.90
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A T & T Post Office Box 914000 Orlando, Florida 32891-4000	Long Distance Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-24-98 03-16-98	19.18 6.16
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sandy Hume Memorial Fund C/O The Hill 733 Fifteenth Street, Northwest Washington, D. C. 20005	Charitable Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-25-98	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular South Post Office Box 579 Meadville, Mississippi 39653	Telephone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-26-98 02-27-98	18.08 123.94
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	941 - February Federal Tax Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-03-98	154.04
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Parker 50 Creekview Lane, Southeast Brookhaven, Mississippi 39601	Reimbursement for Mileage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-03-98 03-16-98	200.70 264.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Visa Card Center Post Office Box 30131 Tampa, Florida 33630	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-23-98	566.63

SUBTOTAL of Disbursements This Page (optional)

1,949.76

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

"OPERATING EXPENDITURES"

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

PAGE 5 OF 12
FOR LINE NUMBER 17

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steak and Ale # 1135 5058 Old National Highway College Park, Georgia 30349	Travel Expense-Norwood for Congress Event, (In-Kind Contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-97	77.39 (MEMO)
B. Full Name, Mailing Address and ZIP Code B P Oil Greensboro, Georgia	Travel Expense-Norwood for Congress Event, (In-Kind Contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-12-97	25.03 (MEMO)
C. Full Name, Mailing Address and ZIP Code Sheraton Gateway Atlanta 1900 Sullivan Road Atlanta, Georgia 30337	Travel Expense-Norwood for Congress Event, (In-Kind Contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-12-97	245.85 (MEMO)
D. Full Name, Mailing Address and ZIP Code Bagwell and Spears 40 5587 Fairburn Road Douglasville, Georgia	Travel Expense-Norwood for Congress Event, (In-Kind Contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-13-97	28.22 (MEMO)
E. Full Name, Mailing Address and ZIP Code The Courtyard 1045 Stevens Creek Road Augusta, Georgia 30907	Travel Expense-Norwood for Congress Event, (In-Kind Contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-13-98	110.55 (MEMO)
F. Full Name, Mailing Address and ZIP Code Capitol Oil, Inc. 913 West Government Street Brandon, Mississippi	Travel Expense-Norwood for Congress Event, (In-Kind Contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-13-98	28.81 (MEMO)
G. Full Name, Mailing Address and ZIP Code U.S. Postal Service 201 West Cherokee Street Brookhaven, Mississippi 39601	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-06-98	.78 (MEMO)
H. Full Name, Mailing Address and ZIP Code U.S. Postal Service 201 West Cherokee Street Brookhaven, Mississippi 39601	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-09-98	44.00 (MEMO)
I. Full Name, Mailing Address and ZIP Code Parking Company of America #62 Hartsfield Atlanta Airport Atlanta, Georgia 30320	Travel Expense-Norwood for Congress Event, (In-Kind Contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-97	6.00 (MEMO)

SUBTOTAL of Disbursements This Page (optional)

-0-

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 12

FOR LINE NUMBER 17

"OPERATING EXPENDITURES"

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Party Place 450 Brookway Boulevard Brookhaven, Mississippi 39601	Giftwrap Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-04-98	19.00
B. Full Name, Mailing Address and ZIP Code State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Purpose of Disbursement 1120- Federal Tax Deposit 4th Quarter - 1997 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-05-98	2,193.00
C. Full Name, Mailing Address and ZIP Code State Tax Commission Post Office Box 23050 Jackson, Mississippi 39225-3050	Purpose of Disbursement FORM 83-105 State Tax Return- 1997 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-05-98	612.00
D. Full Name, Mailing Address and ZIP Code Angie C. Spencer 960 Big Springs Drive, N E Brookhaven, Mississippi 39601	Purpose of Disbursement Clerical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-11-98	366.79
E. Full Name, Mailing Address and ZIP Code Insurance and Risk Managers Post Office Box 910 Brookhaven, Mississippi 39601	Purpose of Disbursement General Annual Liability Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-19-98	360.00
F. Full Name, Mailing Address and ZIP Code Insurance and Risk Managers Post Office Box 910 Brookhaven, Mississippi	Purpose of Disbursement Annual Computer Equipment Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-19-98	401.00
G. Full Name, Mailing Address and ZIP Code Visa Card Center Post Office Box 30131 Tampa, Florida 33630	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-23-98	1,384.37
H. Full Name, Mailing Address and ZIP Code U. S. Post Office 201 West Cherokee Street Brookhaven, Mississippi 39601	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-25-97	2.48 (MEMO) 5.30 6.11
I. Full Name, Mailing Address and ZIP Code Germaines 1203 Bienville Boulevard Ocean Springs, Mississippi 39564	Purpose of Disbursement Travel Expense- Southern Rep. Leadership Conference Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-28-98	347.73 (MEMO)

SUBTOTAL of Disbursements This Page (optional)

5,336.16

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

"OPERATING EXPENDITURES"

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

PAGE 7 OF 12

FOR LINE NUMBER 17

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hookline/Sinker Restaurant 2030 Beach Boulevard Biloxi, Mississippi 39531	Travel Expense- Southern Rep. Leadership Conference Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-98	109.93 (MEMO)
B. Full Name, Mailing Address and ZIP Code Grand Casino Biloxi Hotel. 265 Beach Boulevard Biloxi, Mississippi 39530	Hotel Accomodations- Southern Rep. Leadership Conf. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-01-98	846.12 (MEMO)
C. Full Name, Mailing Address and ZIP Code Falls Church Florist Falls Church, Virginia	Purpose of Disbursement Flowers for Staff member Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-05-98	66.70 (MEMO)
D. Full Name, Mailing Address and ZIP Code Cellular South Post Office Box 519 Meadville, Mississippi 39653	Purpose of Disbursement Telephone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-23-98 03-21-98	114.07 21.20
E. Full Name, Mailing Address and ZIP Code Angie C. Spencer 960 Big Springs Drive, NE Brookhaven, Mississippi 39601	Purpose of Disbursement Clerical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-25-98 04-08-98 04-27-98	409.04 397.43 397.43
F. Full Name, Mailing Address and ZIP Code Entergy Post Office Box 61825 New Orleans, Louisiana 70161	Purpose of Disbursement Electric Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-31-98 04-27-98	60.57 64.27
G. Full Name, Mailing Address and ZIP Code Fosters Chevron 127 East Monticello Street Brookhaven, Mississippi 39601	Purpose of Disbursement Automobile Gas Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-31-98 05-04-98	13.26 5.00
H. Full Name, Mailing Address and ZIP Code M and R-Services, Inc. 50 Creekview Lane SE Brookhaven, Mississippi 39601	Purpose of Disbursement Office Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-02-98 05-04-98 05-28-98	133.50 133.50 133.50
I. Full Name, Mailing Address and ZIP Code State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Purpose of Disbursement Federal Tax Deposit 941 Taxes - March Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-08-98	211.48

SUBTOTAL of Disbursements This Page (optional)

2,094.25

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 12

FOR LINE NUMBER 17

"OPERATING EXPENDITURES"

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bureau of Revenue Post Office Box 23075 Jackson, Mississippi 39225-3075	1st Quarter State Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-08-98	94.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mississippi Employment Security Comm. Post Office Box 22781 Jackson, Mississippi 39225	1st Quarter Unemployment Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-08-98 06-04-98	12.48 3.28
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Decision One Corporation Post Office Box 8500-50120 Philadelphia, Pennsylvania	Annual Computer Terminal and Keyboard Maintenance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-08-98	90.91
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gregg Office Machine Co., Inc. Post Office Box 787 Brookhaven, Mississippi 39601	Annual Copier Maintenance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-08-98	529.65
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South 85 Annex Atlanta, Georgia 30374	Telephone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-13-98 04-17-98 05-15-98	137.95 25.04 108.06
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Smith 1580 West Industrial Park Road Brookhaven, Mississippi 39601	Computer Programming Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-15-98 05-19-98	210.00 110.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular South Post Office Box 519 Meadville, Mississippi 39653	Telephone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-27-98 05-04-98 05-29-98	46.80 138.71 50.19
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular South Post Office Box 519 Meadville, Mississippi 39653	Telephone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-04-98	101.42
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A Personal Touch 609 West Congress Street Brookhaven, Mississippi 39601	Flowers for Staff Member Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-27-98	29.49

SUBTOTAL of Disbursements This Page (optional)

1,687.98

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

"OPERATING EXPENDITURES"

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

PAGE 9 OF 12
FOR LINE NUMBER 17

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Visa Card Center Post Office Box 30131 Tampa, Florida 33630	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-22-98	34.65
B. Full Name, Mailing Address and ZIP Code U.S. Postal Service 201 West Cherokee Street Brookhaven, Mississippi 39601	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03-12-98 03-25-98	Amount of Each Disbursement This Period 2.65 32.00 (MEMO)
C. Full Name, Mailing Address and ZIP Code Jennifer L. Givens 6009 Sylvarena Road Wesson, Mississippi 39191	Purpose of Disbursement Clerical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05-04-98 05-20-98 05-28-98	Amount of Each Disbursement This Period 308.45 238.95 290.43
D. Full Name, Mailing Address and ZIP Code Gregg Office Machine Co., Inc. Post Office Box 787 Brookhaven, Mississippi 39601	Purpose of Disbursement Annual Fax Maintenance Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05-04-98	Amount of Each Disbursement This Period 267.50
E. Full Name, Mailing Address and ZIP Code The Flower Tree Westbrook Mart Brookhaven, Mississippi 39601	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05-07-98	Amount of Each Disbursement This Period 43.87
F. Full Name, Mailing Address and ZIP Code Angie Spencer 960 Big Springs Drive, NE Brookhaven, Mississippi 39601	Purpose of Disbursement Clerical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05-08-98 05-20-98 06-04-98	Amount of Each Disbursement This Period 397.43 397.43 397.43
G. Full Name, Mailing Address and ZIP Code State Bank and Trust Post Office Box 319 Brookhaven, Mississippi	Purpose of Disbursement 941 Federal Tax Deposit April Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05-15-98	Amount of Each Disbursement This Period 238.58
H. Full Name, Mailing Address and ZIP Code Visa Card Center Post Office Box 30131 Tampa, Florida 33630	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05-19-98	Amount of Each Disbursement This Period 56.80
I. Full Name, Mailing Address and ZIP Code Grand Casino 265 Beach Boulevard Biloxi, Mississippi 39530	Purpose of Disbursement Meal Speaking Event- MS Orthopedic Society Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04-18-98	Amount of Each Disbursement This Period 9.28 (MEMO)

SUBTOTAL of Disbursements This Page (optional)

2,671.52

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

"OPERATING EXPENDITURES"

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

PAGE 10 OF 12
FOR LINE NUMBER 17

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chesterfields 2507 Hardy Street Hattiesburg, Mississippi 39401	Travel Expense MS Orthopedic Society Meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-18-98	29.25 (MEMO)
B.P. Oil 690 South Washington Avenue Ocean Springs, Mississippi 39564	Travel Expense MS Orthopedic Society Meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-21-98	18.27 (MEMO)
IBM Corporation Post Office Box 2489 Atlanta, Georgia 30301	Computer Printer Quarterly Maintenance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-19-98	134.82
Gregg Office Machines Co., Inc. Post Office Box 787 Brookhaven, MS 39601	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-19-98	181.88
Entergy Post Office Box 61825 New Orleans, Louisiana 70161	Electric Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-28-98	75.40
A T & T Post Office Box 914000 Orlando, Florida 32891-4000	Long Distance Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-29-98	15.15
State Bank and Trust Post Office Box 319 Brookhaven, Mississippi 39601	Federal Tax Deposit Form 941 - May Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-01-98	383.96
The Party Place 450 Brookway Boulevard Brookhaven, Mississippi 39601	Giftwrap Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-03-98	34.00
Jennifer L. Givens 6009 Sylvarena Road Wesson, Mississippi 39191	Clerical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-12-98 06-25-98	437.13 426.88

SUBTOTAL of Disbursements This Page (optional)

1,689.22

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 12
FOR LINE NUMBER 17

"OPERATING EXPENDITURES"

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South 85 Annex Atlanta, Georgia 30374	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-15-98	88.62
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A T & T Post Office Box 914000 Orlando, Florida 32891-4000	Long Distance Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-15-98	5.12
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Angie C. Spencer 960 Big Springs Drive, Northeast Brookhaven, Mississippi 39601	Clerical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-18-98	397.43
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Visa Card Center Post Office Box 30131 Tampa, Florida 33630	See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-22-98	326.04
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. House of Representatives Gift Shop, B-217 Longworth Bldg. Washington, D. C. 20515	Volunteer Gifts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-19-98	158.78 (MEMO)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Post Office 201 West Cherokee Street Brookhaven, Mississippi 39601	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-27-98	3.38 (MEMO)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dixie Springs Cafe Route 4, Box 92 E Summit, Mississippi 39666	Volunteer Meals Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-25-98	163.88 (MEMO)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular South Post Office Box 519 Meadville, Mississippi 39653	Telephone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-23-98 06-26-98	118.66 38.39
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Entergy Post Office Box 61825 New Orleans, Louisiana 70161	Electricity Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-23-98	111.02

SUBTOTAL of Disbursements This Page (optional)

1,085.28

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **12** OF **12**
FOR LINE NUMBER **17**

"OPERATING EXPENDITURES"

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Parker 50 Creekview Lane, Southeast Brookhaven, Mississippi 39601	Reimbursement for mileage expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-29-98	795.60
B. Full Name, Mailing Address and ZIP Code Angie Spencer 960 Big Springs Drive, Northeast Brookhaven, Mississippi 39601	Clerical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-30-98	397.43
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)	1,193.03
TOTAL This Period (last page this line number only)	24,364.19

SCHEDULE A

ITEMIZED RECEIPTS

(Use separate schedule(s) (PAGE 1 OF 7)
 (for each category of the (Detailed Summary Page (FOR LINE NO. 20A

(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 MIKE PARKER FOR CONGRESS 124087

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONNIE B. RASON 2986 DEVONSHIRE PLACE ATLANTA, GEORGIA 30327	HONCHAKER	1/23/98	500.00-
Receipt For: (X)Primary ()General ()Other (specify):	Occupation		REFUND
	Aggregate Year-to-Date	\$500.00-	
FULL NAME, MAILING ADDRESS AND ZIP CODE	NAME OF EMPLOYER	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
HAROLD J. BARKLEY JR. POST OFFICE BOX 55849 JACKSON, MS 39296	SELF EMPLOYED	1/23/98	250.00-
Receipt For: (X)Primary ()General ()Other (specify):	Occupation		REFUND
	Aggregate Year-to-Date	\$250.00-	
FULL NAME, MAILING ADDRESS AND ZIP CODE	NAME OF EMPLOYER	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
LOCKR G. BARKLEY 2020 PEARLE LANE JACKSON, MS 39211	SELF-EMPLOYED	1/23/98	250.00-
Receipt For: (X)Primary ()General ()Other (specify):	Occupation		REFUND
	Aggregate Year-to-Date	\$250.00-	
FULL NAME, MAILING ADDRESS AND ZIP CODE	NAME OF EMPLOYER	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
JAMES LLOYD WHITTEN 1725 DEBALOS ST., N.W., 8TH FL. WASHINGTON, DC 20036	WHITTEN & DIANGNO	1/23/98	500.00-
Receipt For: (X)Primary ()General ()Other (specify):	Occupation		REFUND
	Aggregate Year-to-Date	\$500.00-	
FULL NAME, MAILING ADDRESS AND ZIP CODE	NAME OF EMPLOYER	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
BIRDLEY J. HUGHES 4050 CRANE BOULEVARD JACKSON, MS 39216	HUGHES OIL COMPANY	1/23/98	500.00-
Receipt For: (X)Primary ()General ()Other (specify):	Occupation		REFUND
	Aggregate Year-to-Date	\$500.00-	

SCHEDULE A

ITEMIZED RECEIPTS

(Use separate schedule(s) (PAGE 10F
for each category of the 2 7
(Detailed Summary Page (FOR LINE NO:
20A

(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 com-
mittee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)		FRIENDS OF MIKE PARKER FOR CONGRESS 124057	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LELAND SPEED POST OFFICE BOX 22728 JACKSON, MS 39225	EASTOVER CORPORATION BANKER	1/23/98	500.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$500.00-	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRAIG M. BEND POST OFFICE BOX 1017 JACKSON, MS 39215	SELF EMPLOYED ATTORNEY	1/23/98	250.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$250.00-	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN MATTHEW WALLACE M. D. 2542 OLD BAY SPRINGS ROAD LAUREL, MS 39440	SELF EMPLOYED PHYSICIAN	1/23/98	500.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$500.00-	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK N. JORDAN 417 ELLEN DRIVE BROOKHAVEN, MS 39601	SELF EMPLOYED RETIRED	1/23/98	400.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$400.00-	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. DONALD SOWELL POST OFFICE BOX 187 PRAIRIE VIEW, TX 77446	SELF EMPLOYED REAL ESTATE DEVELOPER	1/23/98	500.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$500.00-	

SCHEDULE A

ITEMIZED RECEIPTS

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 MIKE PARKER FOR CONGRESS		124087	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
MR. BEN W. ALLEN 5326 SARATOGA DRIVE JACKSON, MISSISSIPPI 39211	P.K. HENDRICK GRADUATE SUPPLY HOUSE Occupation SALESMAN	1/22/98	500.00-	REFUND	
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$500.00-			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
WILLIAM D. MOUNDER 1601 DEPOSIT GUARANTY BLDG. JACKSON, MS 39201	SELF EMPLOYED Occupation OIL GAS & REAL ESTATE INVESTMENTS	1/23/98	1,000.00-	REFUND	
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$1,000.00-			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
JACK R. LEE POST OFFICE BOX 6000 JACKSON, MS 39202	TOWER LOAN COMPANY Occupation SELF-EMPLOYED	1/23/98	1,000.00-	REFUND	
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$1,000.00-			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
MELANIE M. MITCHELL POST OFFICE BOX 4177 MERIDIAN, MISSISSIPPI 39301	HOMEMAKER Occupation	1/23/98	300.00-	REFUND	
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$300.00-			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period		
B. FASER TRIPLETT M. D. 940 NORTH STATE STREET JACKSON, MS 39202	MISS. ALLERGY CLINIC Occupation PHYSICIAN	1/23/98	250.00-	REFUND	
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$250.00-			

GENERAL A

ITEMIZED RECEIPTS

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 MIKE PARKER FOR CONGRESS 124087	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KELLIE G. KEENE POST OFFICE BOX 9925 BROOKHAVEN, MISSISSIPPI 39601	HOMEMAKER	1/23/98	1,000.00-
Receipt For: (X)Primary ()General () Other (specify):		Occupation	REFUND
		Aggregate Year-to-Date	\$1,000.00-
HERSKELL GAGBY POST OFFICE BOX 3466 BROOKHAVEN, MS 39601	HUY. S# CHEVRON STATION	1/23/98	250.00-
Receipt For: (X)Primary ()General () Other (specify):		Occupation SELF EMPLOYED	REFUND
		Aggregate Year-to-Date	\$250.00-
FRANK N. YERGER POST OFFICE BOX 1139 JACKSON, MS 39215	AGGS & YERGER	1/23/98	250.00-
Receipt For: (X)Primary ()General () Other (specify):		Occupation PRESIDENT	REFUND
		Aggregate Year-to-Date	\$250.00-
RICHARD A. IORI 2845 W. WILMA LN. RENO, NV 89509	JOB CORPS CONSULTANT RENO, NV	1/23/98	500.00-
Receipt For: (X)Primary ()General () Other (specify):		Occupation	REFUND
		Aggregate Year-to-Date	\$500.00-
R. L. KEMP JR. POST OFFICE BOX 12 COLUMBIA, MS 39429	R. L. KEMP COMPANY	1/23/98	500.00-
Receipt For: (X)Primary ()General () Other (specify):		Occupation SELF-EMPLOYED	REFUND
		Aggregate Year-to-Date	\$500.00-

SCHEDULE A

ITEMIZED RECEIPTS

(Use separate schedule) PAGE 10F
 (for each category of the 5 7
 (Detailed Summary Page FOR LINE NO:
 20A

(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 NINE PARKER FOR CONGRESS 124037			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARHOLD M. CAROTHERS POST OFFICE 687 WATER VALLEY, MISSISSIPPI 38965	CAROTHERS CONSTRUCTION Occupation OWNER	1/23/98	250.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$250.00-	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EMANUEL CRYSTAL POST OFFICE BOX 23309 JACKSON, MS 39225	JACKSON IRON & METAL Occupation SELF-EMPLOYED	1/23/98	500.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$500.00-	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD P. CRYSTAL POST OFFICE BOX 23309 JACKSON, MS 39225	JACKSON IRON & METAL Occupation PRESIDENT	1/23/98	500.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$500.00-	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK MADE POST OFFICE BOX 027 MADISE, MS 39111	RETIRED Occupation	1/23/98	1,000.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$1,000.00-	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. B. "SONNY" FOUNTAIN POST OFFICE BOX 10506 JACKSON, MS 39209	FOUNTAIN CONSTRUCTION COMPANY Occupation SELF EMPLOYED	1/23/98	1,000.00- REFUND
Receipt For: (X) Primary () General () Other (specify):	Aggregate Year-to-Date	\$1,000.00-	

SCHEDULE A

ITEMIZED RECEIPTS

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 giving the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) FRIENDS OF MIKE PARKER FOR CONGRESS 124087			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN R. MC CARTY 4360 I-55 NORTH, SUITE 480 JACKSON, MS 39211	MC CARTY ENTERPRISES Occupation SELF-EMPLOYED	1/22/98	1,000.00- REFUND
Receipt For: (X)Primary ()General () Other (specify):	Aggregate Year-to-Date	\$1,000.00-	
JOHNNY COANE POST OFFICE BOX 428 FULTON, MS 38943	F. L. CRANE & SONS, INC. Occupation VICE PRESIDENT	1/23/98	200.00- REFUND
Receipt For: (X)Primary ()General () Other (specify):	Aggregate Year-to-Date	\$300.00-	
MARILYN COLLINS 914 CEDAR HILL ROAD MADISON, MS 39110	Occupation HOMEMAKER	1/23/98	300.00- REFUND
Receipt For: (X)Primary ()General () Other (specify):	Aggregate Year-to-Date	\$300.00-	
MRS. MELISSA P. DANTEL 2427 DULLEYWOOD ROAD JACKSON, MS 39211	Occupation HOMEMAKER	1/22/98	250.00- REFUND
Receipt For: (X)Primary ()General () Other (specify):	Aggregate Year-to-Date	\$250.00-	
ALFRED PAGE POST OFFICE BOX 277 MAGEE MS 39111	PACC OIL COMPANY, INC. Occupation PRESIDENT	1/23/98	250.00- REFUND
Receipt For: (X)Primary ()General () Other (specify):	Aggregate Year-to-Date	\$250.00-	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) PAGE 106
 for each category of the 7 7
 Detailed Summary Page FOR LINE NO
 20A

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 NIXE PARKER FOR CONGRESS		124087
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period	
JAMES E. FOWLER SR. POST OFFICE BOX 2558 JACKSON, MS 39207	SELF EMPLOYED	1/23/98	250.00-	
Receipt For: (X)Primary ()General ()Other (specify):	Occupation GAS/OIL/REALTOR		REFUND	
	Aggregate Year-to-Date	\$250.00-		
RALPH S. TURNER POST OFFICE BOX 4000 DECATUR, GA 30001	A. S. TURNER & SONS	1/23/98	300.00-	
Receipt For: (X)Primary ()General ()Other (specify):	Occupation FUNERAL SERVICE		REFUND	
	Aggregate Year-to-Date	\$300.00-		
WILLIAM S. YATES JR. 334 DOGWOOD STREET PHILADELPHIA, MS 39350	YATES & SONS CONSTRUCTION COMPANY	1/23/98	1,000.00-	
Receipt For: (X)Primary ()General ()Other (specify):	Occupation SELF-EMPLOYED		REFUND	
	Aggregate Year-to-Date	\$1,000.00-		
FLOYD A. GULSER JR. POST OFFICE BOX 98 JACKSON, MS 39205	BENNETT LOTTERHOS GULSER	1/23/98	250.00-	
Receipt For: (X)Primary ()General ()Other (specify):	Occupation ATTORNEY		REFUND	
	Aggregate Year-to-Date	\$250.00-		
TOTAL THIS PERIOD (LAST PAGE THIS LINE NUMBER ONLY)			16,850.00	.00

SCHEDULE A

ITEMIZED RECEIPTS

(Use separate schedule(s) for each category of the Detailed Summary Page	PAGE (OF	1
	FOR LINE NO	200

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 MIKE PARKER FOR CONGRESS	124087
TOTAL THIS PERIOD (LAST PAGE THIS LINE NUMBER ONLY)		.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

21

"OTHER DISBURSEMENTS"

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 (to FUR)

FRIENDS OF MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Bono Committee Post Office Box 3370 Palm Springs, California 92263	Federal Contribution CA/44 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Election	02-10-98	1,000.00
B. Full Name, Mailing Address and ZIP Code Art Rhodes for Congress Committee Post Office Box 262 Magnolia, Mississippi 39652	Federal Contribution MS/04 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-20-98	1,000.00
C. Full Name, Mailing Address and ZIP Code Bill Goodling for Congress Committee 3110 East Market Street York, Pennsylvania 17402	Federal Contribution PA/19 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05-04-98	1,000.00
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) 3,000.00

TOTAL This Period (last page this line number only) 3,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

EXEMPT LEGAL AND ACCOUNTING SERVICES

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 MIKE PARKER FOR CONGRESS 124087

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul V. Breazeale, CPA Post Office Box 80 Jackson, Mississippi 39205	Breazeale, Saunders & O'Neil, Ltd.	03-27-98	567.80 (MEMO)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
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)

TOTAL This Period (last page this line number only)

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 7-31-98
<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	
<i>SEP</i> PREPARER	8-4-98 DATE PREPARED