

REGULAR MAIL

JAN 17 1995

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

**LOIS
BENSON**
For U.S. Congress • Republican

163870

January 12, 1995

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

Identification Number : C00293845

Dear Sirs:

I have enclosed amended reports for the Lois Benson for Congress Campaign. A number of contributions made in mid-August were not transcribed to the report covering period 7/1/84 through 8/19/94. The detail is included. The totals were correct except for the amount on line 11c. Other political committees. FEC Form 3 and the detailed summary page for all subsequent reports have been corrected and are included as amendments to those reports.

I have submitted a copy of the 1994 October 15th Quarterly Report (covering activity from 9/15/94 through 9/30/94) to the Secretary of State. That cover letter is included with this material.

Sincerely,



R. Scott Benson
Campaign Treasurer

LOIS BENSON FOR CONGRESS

REGULAR MAIL

JAN 17 1995

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. C00293845 073094 R SCOTT BENSON LOIS BENSON FOR CONGRESS 403 BAYSHORE DRIVE PENSACOLA FL 32507	2. FEC IDENTIFICATION NUMBER C00 293 845
	3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

4. TYPE OF REPORT

April 15 Quarterly Report Twelfth day report preceding PRIMARY (Type of Election)
election on September 8 In the State of FLORIDA

July 15 Quarterly Report Thirtieth day report following the General Election on _____ in the State of _____

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
<u>7/1/94</u> through <u>8/19/94</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	59995 ¹⁶	138805 ¹⁸
(b) Total Contribution Refunds (from Line 20(d))	- 0 -	- 0 -
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	59995 ¹⁶	138805 ¹⁸
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	118384 ⁸³	161308 ⁹²
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	118384 ⁸³	161308 ⁹²
8. Cash on Hand at Close of Reporting Period (from Line 27)	17496 ²⁶	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	40,000 ⁹⁵	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. SCOTT BENSON	Date 20 Dec 94
Signature of Treasurer <i>R. Scott Benson</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(revised 4/87)

1135 # 001 # 001 # 001

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U.S. HOUSE OF REPRESENTATIVES

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

Name of Committee (in full) LOIS BENSON FOR CONGRESS COMMITTEE Report Covering the Period:
From: 7/1/94 To: 8/19/94

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)	33030 ¹⁶		11(a)(i)
(ii) Unitemized	18465 ⁰⁰		11(a)(ii)
(iii) Total of contributions from individuals	51495 ¹⁶	115305 ¹⁶	11(a)(iii)
(b) Political Party Committees	8500 ⁰⁰	20500 ⁰⁰	11(b)
(c) Other Political Committees (such as PACs)			11(c)
(d) The Candidate		3000 ⁰⁰	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	59995 ¹⁶	138805 ¹⁶	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate		40000 ⁰⁰	13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))		40,000 ⁰⁰	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	59995 ¹⁶	178805 ¹⁸	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	118384 ⁸³	161308 ⁹³	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.	- 0 -	- 0 -	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	- 0 -	- 0 -	20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).	118,384 ⁸³	161,308 ⁹³	22

III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	75885 ⁹³	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	59995 ¹⁶	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	138881 ⁰⁹	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).	\$	118384 ⁸³	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).	\$	17496 ²⁶	27

C O M M I T T E E

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)
 LOIS BENSON FOR CONGRESS COMMITTEE C# 293845

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GILBERT BENNETT 8185 STRASBURG RD PENSACOLA, FL 32514	Fisher Brown Inc	8/12/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 250 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY JANE LORD 8041 Virginia Lane MILTON, FL 32583		8/12/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN J ABBOTT 35000 EMERALD COAST PKWY DESTIN, FL 32541	ABBOTT REALTY DESTIN, FL	8/12/94	1000 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE	Aggregate Year-to-Date > \$ 1000 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES Van Diver 1222 Emerald Bay Drive Destin, FL 32541	ABBOTT REALTY	8/12/94	1000 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE	Aggregate Year-to-Date > \$ 1000 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN M ARK 1111 Park Avenue New York, NY 10028	ASSET MANAGEMENT CORP	8/14/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	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
ARTHUR ROGERS 1301 McKinney St HOUSTON, TX 77010	Fulbright + Jaworski	8/14/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
DOROTHY STRAIGHT 518 E. Passaic Ave Bloomfield, NJ 07003	Retired	8/14/94	250 ⁰⁰
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) 3250⁰⁰

TOTAL This Period (last page this line number only)

PAGE * 0001 * 100 * 100

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

LOIS BENSON FOR CONGRESS COMMITTEE C#293845

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. K. Edwards P.O. Box 18027 PENSACOLA, FL 32523	TEX EDWARDS CO	8/15/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 250 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Uirzi 8889 Corporate Square Court Jacksonville, FL 32216	Dak Center	8/16/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victor E. Vaile 2024 Kirkland Rd Auburndale, FL 33823	self-employed	8/16/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$ 250 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period:
Allan Bense 1526 Country Club Rd Lynn Haven, FL 32444	self-employed	8/16/94	2000 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation contractor	8/16/94	(1000 ⁰⁰) memo Redesignation see below
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Same as above		8/16/94	(1000 ⁰⁰) memo Redesignation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tonie Bense 1526 Country Club Rd Lynn Haven, FL 32444	Housewife	8/16/94	2000 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/16/94	(1000 ⁰⁰) memo Redesignation see below
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Same as above	Housewife	8/16/94	1000 ⁰⁰ memo Redesignation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000 ⁰⁰	

SUBTOTAL of Receipts This Page (optional) 4750⁰⁰

TOTAL This Period (last page this line number only)

DATE OF PRINT: 8/23/94

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (in Full)

LOIS BENSON FOR CONGRESS COMMITTEE C P C 293845

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Shahan 1026 SW 2 nd Avenue Gainesville, FL 32601	Shands Hospital	8/19/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Mark Mentenhall 2312 N.W. 23 rd Terrace Gainesville, FL 32605	Shands Hospital	8/19/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Robert Roseman 2716 N.W. 22 nd Terrace Gainesville, FL 32605	Shands Hospital	8/19/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Virginia Cauley 8224 SW 28 th Place Gainesville, FL 32607	None	8/19/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	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
Albert Rhoton 2505 NW 22 nd Ave Gainesville, FL 32605	Shands Hospital	8/19/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
CRAIG KITCHENS 5802 SW 36 th Way Gainesville, FL 32608	self-employed	8/19/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	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
Hal M. Jacobson P.O. Box 491346 Leesburg, FL 32749	Self employed	8/19/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	1750 ⁰⁰
TOTAL This Period (last page this line number only)	9750 ⁰⁰ (added) 33,030 ⁰⁰ (total)

2025 RELEASE UNDER E.O. 14176

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (C)

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NAME OF COMMITTEE (in Full)

LOIS BENSON FOR CONGRESS COMMITTEE COO 293845

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anheuser-Busch PAC Anheuser-Busch St. Louis, MO Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation Aggregate Year-to-Date > \$	8/14/94	250 ⁰⁰
National Emergency Medicine PAC P.O. Box 619911 DALLAS, TX 75261 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation Aggregate Year-to-Date > \$	8/14/94	1000 ⁰⁰
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
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
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
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
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) 1250⁰⁰

TOTAL This Period (last page this line number only) 8500⁰⁰

CLUB COPY TO