09/11/2003 15 : 34

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Bernie G. Thompson			
(b) Address (number and street) P.O. Box 100		2. Identification Number H4MS02069	
(c) City, State and ZIP Code Bolton MS 39041-		3. Is This Statement X New (N) OR Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MS 2	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Friends of Bernie Thompson

(b) Address (number and street)

P.O. Box 100

(c) City, State and ZIP Code

Bolton MS 39041-

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

-

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	0.00	for the primary election, and
9B	0.00	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

Signature of Candidate	Date
Bernie G. Thompson	09/11/2003

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