12/02/2004 16 : 04

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

Friends of Bennie Thompson

ADDRESS (number and street) ▼ P.O. Box 100

Check if different than previously reported. (ACC)

CITY ▲ Bolton STATE ▲ MS ZIP CODE ▲ 39041

2. FEC IDENTIFICATION NUMBER ▼ C00279851

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

STATE ▼ MS DISTRICT 2

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on ____ in the State of ____

(c) 30-Day POST-Election Report for the:

X General (30G) Runoff (30R) Special (30S)

Election on 11 02 2004 in the State of MS

5. Covering Period 10 14 2004 through 11 22 2004

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 Reuben V. Anderson

Signature of Treasurer Electronically Filed by Reuben V. Anderson Date 12 02 2004

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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