

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Advanced Network Strategies, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address <b>413 New Jersey Ave., SE</b>			Amount of Each Disbursement this Period <b>10070.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-</b>	Transaction ID : <b>50406.E11931</b>
Purpose of Disbursement <b>Fundraising Expense</b>		Category/ Type	
Candidate Name			FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 23 / 2015</b>
Mailing Address <b>P.O. Box 650448</b>			Amount of Each Disbursement this Period <b>3700.90</b>
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75265-0448</b>	Transaction ID : <b>50127.E11874</b>
Purpose of Disbursement <b>CREDIT CARD PAYMENT; SEE BELOW</b>		Category/ Type	
Candidate Name			CREDIT CARD PAYMENT; SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Verizon Center</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 23 / 2015</b>
Mailing Address <b>601 F Street, NW</b>			Amount of Each Disbursement this Period <b>1427.41</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20004-</b>	Transaction ID : <b>50127.E11875</b>
Purpose of Disbursement <b>Fundraising Expense</b>		Category/ Type	
Candidate Name			[MEMO ITEM] MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>13770.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	