

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Friends of Bennie Thompson

ADDRESS (number and street)

PO Box 100

(Check if address is changed)

Bolton

CITY ▲

MS

STATE ▲

39041-0100

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

bennie_thompson@bellsouth.net

Optional Second E-Mail Address

tonia_cowan@bellsouth.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

benniegthompson.com

2. DATE

MM / DD / YYYY
04 / 09 / 1993

3. FEC IDENTIFICATION NUMBER ►

C C00279851

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Anderson, Reuben, V., ,

Signature of Treasurer Anderson, Reuben, V., ,

[Electronically Filed]

Date

MM / DD / YYYY
03 / 29 / 2017

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Thompson, Bennie, G., ,

Candidate Party Affiliation DEM Office Sought: House Senate President State MS District 02

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Friends of Bennie Thompson

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Ware, Fannie, L., ,

Mailing Address P.O. Box 100

Bolton

MS

39041-0100

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 601 - 866 - 9100

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Anderson, Reuben, V., ,

Mailing Address P.O. Box 100

Bolton

MS

39041-0100

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 601 - 866 - 9100

Full Name of Designated Agent Thompson, London, J., ,

Mailing Address P.O. Box 100

Bolton MS 39041-0100

CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 601 - 942 - 8693

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Trustmark National Bank

Mailing Address 203 Clinton Blvd.

Clinton MS 39056

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

BankPlus

Mailing Address 912 Dalton Street

Jackson MS 39203

CITY STATE ZIP CODE