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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
04 OCT 27 PM 5:05
Office Use Only HD

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12FE4M5

Trent Lott for Mississippi

ADDRESS (number and street) ▼ P.O. Box 22824

☐ Check if different than previously reported. (ACC)

CITY ▲ Jackson STATE ▲ MS ZIP CODE ▲ 39225 -

2. FEC IDENTIFICATION NUMBER ▼ C 00219220

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

STATE ▼ MS DISTRICT 02

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)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ 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:

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

Election on ___ / ___ / ___ in the State of ___

5. Covering Period 04 / 01 / 2004 through 06 / 30 / 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 George A. Schloegel

Signature of Treasurer [signature] Date 10 / 27 / 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.

Office Use Only							

FEC FORM 3
(Revised 1/01)

FE1AN004

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Trent Lott for Mississippi

Report Covering the Period: From: M M 04 D D 01 Y Y Y Y 2004 To: M M 06 D D 30 Y Y Y Y 2004

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	17335.00	329279.30
(b) Total Contribution Refunds (from Line 20(d))	0.00	4940.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	17335.00	324339.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	46286.91	1003092.18
(b) Total Offsets to Operating Expenditures (from Line 14)	102.76	67328.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	46184.15	935763.44
8. Cash on Hand at Close of Reporting Period (from Line 27)	851408.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Trent Lott for Mississippi

Report Covering the Period: From: 04 0 2004 To: 06 30 2004

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4100.00	
(ii) Unitemized	235.00	
(iii) TOTAL of contributions from individuals ▶	4335.00	138029.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	13000.00	191250.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans): (add Lines 11(a)(iii), (b), (c), and (d))	17335.00	329279.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	102.76	67328.74
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1525.23	67466.19
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	18962.99	464096.23

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	46286.91	1003092.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2440.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	4940.00
21. OTHER DISBURSEMENTS	700.00	70230.30
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	46986.91	1078262.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	879431.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	18962.99
25. SUBTOTAL (add Line 23 and Line 24)	898394.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	46986.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	851408.06

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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)
Trent Lott for Mississippi

A.
Full Name (Last, First, Middle Initial)
American Express
Mailing Address P.O. Box 1270
City Newark State NJ Zip Code 07101-
Purpose of Disbursement
SEE BELOW
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 070920045E6841
Date of Disbursement 06 / 24 / 2004
Amount of Each Disbursement this Period 4940.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SEE BELOW

B.
Full Name (Last, First, Middle Initial)
Radio City Music Hall
Mailing Address 1260 Avenue of the Americas
City New York State NY Zip Code 10020-
Purpose of Disbursement
FUNDRAISER TICKETS-SEE AMEX 6/24/04
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 0713200442E6863
Date of Disbursement 06 / 24 / 2004
Amount of Each Disbursement this Period 4940.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: FUNDRAISER TICKETS-SEE AMEX 6/24/04

C.
Full Name (Last, First, Middle Initial)
AT&T
Mailing Address P.O. Box 8212
City Fox Valley State IL Zip Code 60572-
Purpose of Disbursement
TELEPHONE EXPENSE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 070920045E6842
Date of Disbursement 05 / 20 / 2004
Amount of Each Disbursement this Period 24.59
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ 4964.59
TOTAL This Period (last page this line number only) ▶

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. QUINN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE (202) 224-3022

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED 10-27-04
Date of Receipt

____ REGISTERED/CERTIFIED MAIL _____
Postmarked

____ RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
____ PRIORITY MAIL /WITH CONFIRMATION SHEET
____ EXPRESS MAIL
____ FEDERAL EXPRESS
____ UPS
____ DHL
____ AIRBORNE EXPRESS _____
Postmark

____ PRIORITY MAIL (NO CONFIRMATION) _____
Date of Receipt

____ FIRST CLASS MAIL _____
Date of Receipt

____ FAX _____
Date of Receipt

____ NO POSTMARK ____ POSTMARK ILLEGIBLE

____ OTHER _____
Date of Receipt

Slw 10-27-04
Preparer Date Prepared

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