

HAND DELIVERED

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) FRIENDS OF BENNIE THOMPSON		2. FEC IDENTIFICATION NUMBER C00279851
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P. O. Box 100		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Bolton, MS 39041	STATE/DISTRICT MS/2	

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
☐ Thirtieth day report following the General Election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☒ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/93</u> through <u>12/31/93</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	82,325.41	554,621.35
(b) Total Contribution Refunds (from Line 20(d))	5,000.00	7,345.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	77,325.41	547,276.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	30,285.77	571,798.62
(b) Total Offsets to Operating Expenditures (from Line 14)	1,655.45	6,420.12
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	28,630.32	565,378.50
8. Cash on Hand at Close of Reporting Period (from Line 27)	28,051.85	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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	Date 1/28/94
Signature of Treasurer 	

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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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) FRIENDS OF BENNIE THOMPSON	Report Covering the Period: From: 7/1/93 To: 12/31/93
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I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	28,044.41		11(a)(i)
(ii) Unitemized	5,981.00		11(a)(ii)
(iii) Total of contributions from individuals	34,025.41	271,632.60	11(a)(iii)
(b) Political Party Committees	150.00	16,650.00	11(b)
(c) Other Political Committees (such as PACs)	48,150.00	266,338.75	11(c)
(d) The Candidate			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	82,325.41	554,621.35	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.		46,154.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate		25,000.00	13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))		25,000.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1,655.45	6,420.12	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	83,980.86	632,195.47	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	30,285.77	571,798.62	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	25,000.00	25,000.00	19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	25,000.00	25,000.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		400.00	20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)	5,000.00	6,945.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	5,000.00	7,345.00	20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).	60,285.77	604,143.62	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	4,356.76	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	83,980.86	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	88,337.62	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	60,285.77	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	28,051.85	27

2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-2996-2997-2998-2999-3000-3001-3002-3003-3004-3005-3006-3007-3008-3009-3010-3011-3012-3013-3014-3015-3016-3017-3018-3019-3020-3021-3022-3023-3024-3025-3026-3027-3028-3029-3030-3031-3032-3033-3034-3035-3036-3037-3038-3039-3040-3041-3042-3043-3044-3045-3046-3047-3048-3049-3050-3051-3052-3053-3054-3055-3056-3057-3058-3059-3060-3061-3062-3063-3064-3065-3066-3067-3068-3069-3070-3071-3072-3073-3074-3075-3076-3077-3078-3079-3080-3081-3082-3083-3084-3085-3086-3087-3088-3089-3090-3091-3092-3093-3094-3095-3096-3097-3098-3099-3100-3101-3102-3103-3104-3105-3106-3107-3108-3109-3110-3111-3112-3113-3114-3115-3116-3117-3118-3119-3120-3121-3122-3123-3124-3125-3126-3127-3128-3129-3130-3131-3132-3133-3134-3135-3136-3137-3138-3139-3140-3141-3142-3143-3144-3145-3146-3147-3148-3149-3150-3151-3152-3153-3154-3155-3156-3157-3158-3159-3160-3161-3162-3163-3164-3165-3166-3167-3168-3169-3170-3171-3172-3173-3174-3175-3176-3177-3178-3179-3180-3181-3182-3183-3184-3185-3186-3187-3188-3189-3190-3191-3192-3193-3194-3195-3196-3197-3198-3199-3200-3201-3202-3203-3204-3205-3206-3207-3208-3209-3210-3211-3212-3213-3214-3215-3216-3217-3218-3219-3220-3221-3222-3223-3224-3225-3226-3227-3228-3229-3230-3231-3232-3233-3234-3235-3236-3237-3238-3239-3240-3241-3242-3243-3244-3245-3246-3247-3248-3249-3250-3251-3252-3253-3254-3255-3256-3257-3258-3259-3260-3261-3262-3263-3264-3265-3266-3267-3268-3269-3270-3271-3272-3273-3274-3275-3276-3277-3278-3279-3280-3281-3282-3283-3284-3285-3286-3287-3288-3289-3290-3291-3292-3293-3294-3295-3296-3297-3298-3299-3300-3301-3302-3303-3304-3305-3306-3307-3308-3309-3310-3311-3312-3313-3314-3315-3316-3317-3318-3319-3320-3321-3322-3323-3324-3325-3326-3327-3328-3329-3330-3331-3332-3333-3334-3335-3336-3337-3338-3339-3340-3341-3342-3343-3344-3345-3346-3347-3348-3349-3350-3351-3352-3353-3354-3355-3356-3357-3358-3359-3360-3361-3362-3363-3364-3365-3366-3367-3368-3369-3370-3371-3372-3373-3374-3375-3376-3377-3378-3379-3380-3381-3382-3383-3384-3385-3386-3387-3388-3389-3390-3391-3392-3393-3394-3395-3396-3397-3398-3399-3400-3401-3402-3403-3404-3405-3406-3407-3408-3409-3410-3411-3412-3413-3414-3415-3416-3417-3418-3419-3420-3421-3422-3423-3424-3425-3426-3427-3428-3429-3430-3431-3432-3433-3434-3435-3436-3437-3438-3439-3440-3441-3442-3443-3444-3445-3446-3447-3448-3449-3450-3451-3452-3453-3454-3455-3456-3457-3458-3459-3460-3461-3462-3463-3464-3465-3466-3467-3468-3469-3470-3471-3472-3473-3474-3475-3476-3477-3478-3479-3480-3481-3482-3483-3484-3485-3486-3487-3488-3489-3490-3491-3492-3493-3494-3495-3496-3497-3498-3499-3500-3501-3502-3503-3504-3505-3506-3507-3508-3509-3510-3511-3512-3513-3514-3515-3516-3517-3518-3519-3520-3521-3522-3523-3524-3525-3526-3527-3528-3529-3530-3531-3532-3533-3534-3535-3536-3537-3538-3539-3540-3541-3542-3543-3544-3545-3546-3547-3548-3549-3550-3551-3552-3553-3554-3555-3556-3557-3558-3559-3560-3561-3562-3563-3564-3565-3566-3567-3568-3569-3570-3571-3572-3573-3574-3575-3576-3577-3578-3579-3580-3581-3582-3583-3584-3585-3586-3587-3588-3589-3590-3591-3592-3593-3594-3595-3596-3597-3598-3599-3600-3601-3602-3603-3604-3605-3606-3607-3608-3609-3610-3611-3612-3613-3614-3615-3616-3617-3618-3619-3620-3621-3622-3623-3624-3625-3626-3627-3628-3629-3630-3631-3632-3633-3634-3635-3636-3637-3638-3639-3640-3641-3642-3643-3644-3645-3646-3647-3648-3649-3650-3651-3652-3653-3654-3655-3656-3657-3658-3659-3660-3661-3662-3663-3664-3665-3666-3667-3668-3669-3670-3671-3672-3673-3674-3675-3676-3677-3678-3679-3680-3681-3682-3683-3684-3685-3686-3687-3688-3689-3690-3691-3692-3693-3694-3695-3696-3697-3698-3699-3700-3701-3702-3703-3704-3705-3706-3707-3708-3709-3710-3711-3712-3713-3714-3715-3716-3717-3718-3719-3720-3721-3722-3723-3724-3725-3726-3727-3728-3729-3730-3731-3732-3733-3734-3735-3736-3737-3738-3739-3740-3741-3742-3743-3744-3745-3746-3747-3748-3749-3750-3751-3752-3753-3754-3755-3756-3757-3758-3759-3760-3761-3762-3763-3764-3765-3766-3767-3768-3769-3770-3771-3772-3773-3774-3775-3776-3777-3778-3779-3780-3781-3782-3783-3784-3785-3786-3787-3788-3789-3790-3791-3792-3793-3794-3795-3796-3797-3798-3799-3800-3801-3802-3803-3804-3805-3806-3807-3808-3809-3810-3811-3812-3813-3814-3815-3816-3817-3818-3819-3820-3821-3822-3823-3824-3825-3826-3827-3828-3829-3830-3831-3832-3833-3834-3835-3836-3837-3838-3839-3840-3841-3842-3843-3844-3845-3846-3847-3848-3849-3850-3851-3852-3853-3854-3855-3856-3857-3858-3859-3860-3861-3862-3863-3864-3865-3866-3867-3868-3869-3870-3871-3872-3873-3874-3875-3876-3877-3

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8
FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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)

FRIENDS OF RENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code

Marshall Alexander
P. O. Box 1244
Meridian, MS 39301

Name of Employer

Self-Employed

Date (month, day, year)

8-27-93

Amount of Each Receipt this Period

200.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Realtor

Aggregate Year-to-Date > \$ 400.00

B. Full Name, Mailing Address and ZIP Code

John H. Almond
38 Avery Circle
Jackson, MS 39211

Name of Employer

Allen & Hoshall

Date (month, day, year)

8-18-93

Amount of Each Receipt this Period

1,000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Engineer

Aggregate Year-to-Date > \$ 1,500.00

C. Full Name, Mailing Address and ZIP Code

Reuben V. Anderson
P. O. Box 290
Jackson, MS 39205

Name of Employer

Phelps Dunbar

Date (month, day, year)

9-1-93

Amount of Each Receipt this Period

500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 1,500.00

D. Full Name, Mailing Address and ZIP Code

Bertrand Antoine
P. O. Box 1007
Greenwood, MS 38930

Name of Employer

Greenwood Public Schools

Date (month, day, year)

8-18-93

Amount of Each Receipt this Period

100.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Asst. Superintendent

Aggregate Year-to-Date > \$ 300.00

E. Full Name, Mailing Address and ZIP Code

Willie L. Bailey
902 Fairview Street
Greenville, MS 38701

Name of Employer

Self-Employed

Date (month, day, year)

8-20-93

Amount of Each Receipt this Period

100.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 850.00

F. Full Name, Mailing Address and ZIP Code

Charles C. Barlow
3863 Sleepy Hollow
Jackson, MS 39211

Name of Employer

Barlow & Plunkett, Ltd.

Date (month, day, year)

9-20-93

Amount of Each Receipt this Period

1,000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

CEO

Aggregate Year-to-Date > \$ 1,500.00

G. Full Name, Mailing Address and ZIP Code

Samuel Lee Begley
P. O. Box 3977
Jackson, MS 39207

Name of Employer

Maxey, Pigott, Wann & Begley

Date (month, day, year)

8-27-93

Amount of Each Receipt this Period

1,000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 2,000.00

SUBTOTAL of Receipts This Page (optional)

3,900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code G. C. Bell P. O. Box 4717 Greenville, MS 38701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Equitable Life Ins. Co. Occupation Businessman Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 8-23-93	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Marshall Bennett P. O. Box 421 Jackson, MS 39205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State of Mississippi Occupation Treasurer Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8-18-93	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Paul T. Benton P. O. Box 1341 Biloxi, MS 39533 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Minor & Benton Occupation Attorney Aggregate Year-to-Date > \$ 1,200.00	Date (month, day, year) 9-1-93	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code Josh Bogen Route 2, Box 3A Leland, MS 38756 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8-20-93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Delores Bolden-Stamps 779 Woodhill Road Jackson, MS 39206 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tougaloo College Occupation Instructor Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 9-1-93	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code Harry J. Bowie 608 St. Augustine Street McComb, MS 39648 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Delta Foundation Occupation President Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Wallace Caradine P. O. Box 2882 Little Rock, AR 72203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Architect Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9-1-93	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)

2,700.00

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 8
FOR LINE NUMBER
11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Geraldine B. Chaney 2915 North State Street Jackson, MS 39216	Self-Employed Occupation Physician	8-27-93	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric C. Clark P. O. Box 529 Taylorsville, MS 39168	State of Mississippi Occupation Representative	8-27-93	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Coggins P. O. Box 5364 Jackson, MS 39296	Self-Employed Occupation Businessman	9-1-93	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,150.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Danny Cupit 1607 Pinehurst Jackson, MS 39202	Cupit, Jones & Fairbanks Occupation Attorney	9-15-93	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Godwin E. Dafe P. O. Box 11655 Jackson, MS 39238	State Farm Insurance Occupation Agent	8-27-93	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. A. Dodson 415 Broadmoor Drive Jackson, MS 39206	Self-Employed Occupation Accountant	8-23-93	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol B. Ferry P. O. Box 657 Scarsdale, NY 10583	Self-Employed Occupation Businessman	10-1-93	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
SUBTOTAL of Receipts This Page (optional)			2,900.00
TOTAL This Period (last page this line number only)			

2014-2015

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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

PAGE 4 OF 8
FOR LINE NUMBER 11(a)(i)

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)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code D. G. Fountain P. O. Box 10506 Jackson, MS 39289 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fountain Electric Co. Occupation Owner Aggregate Year-to-Date > \$ 1,250.00	Date (month, day, year) 8-18-93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Knoxie Hall, Jr. 1520 South Broadway Little Rock, AR 72202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9-1-93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code George P. Hewes 2420 Meadowbrook Road Jackson, MS 39211 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brunini, Grantham, Grower & Hewes Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8-20-93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code J. L. Holloway 2372 Hwy. 80 West Jackson, MS 39204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 204.50	Date (month, day, year) 10-6-93	Amount of Each Receipt this Period 204.50
E. Full Name, Mailing Address and ZIP Code Alvis T. Hunt P. O. Box 512 Jackson, MS 39213 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Trustmark Bank Occupation President Aggregate Year-to-Date > \$ 1,050.00	Date (month, day, year) 8-18-93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Tyree Irving P. O. Box 1906 Greenwood, MS 38930 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 555.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Booker T. Jones 5220 Keele Street Jackson, MS 39206 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MINACT, Inc. Occupation President Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 8-18-93	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

4,404.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 OF 8
FOR LINE NUMBER
11(a)(1)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Charles E. Jones 336 William McKinley Circle Jackson, MS 39213 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Walker, Walker & Green Occupation Office Manager Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code T. H. Kendall, III P. O. Box 96 Bolton, MS 39041 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Farmer Aggregate Year-to-Date > \$ 1,350.00	Date (month, day, year) 8-23-93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Scott Levanway P. O. Box 1429 Jackson, MS 39215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8-20-93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code David Marsh 4053 Boxwood Circle Jackson, MS 39211 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Benchmark Construction Occupation Owner Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 8-18-93	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code Patricia Marsh 4053 Boxwood Circle Jackson, MS 39211 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8-18-93	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code Ryland N. McClendon 755 Loridans Drive, N.E. Atlanta, GA 30342 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pryor, McClendon, Counts & Co. Occupation Partner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9-1-93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code John W. McPherson P. O. Box 690 Indianola, MS 38751 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9-1-93	Amount of Each Receipt this Period 1,000.00
SUBTOTAL of Receipts This Page (optional)			3,850.00
TOTAL This Period (last page this line number only)			

OFFICE OF THE ATTORNEY GENERAL

ITEMIZED RECEIPTS

PAGE	OF
6	8
FOR LINE NUMBER	
11(a)(i)	

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Michael T. McRee 1611 Devine Street Jackson, MS 39202		Name of Employer Investik, Inc. Occupation Owner		Date (month, day, year) 9-10-93		Amount of Each Receipt this Period 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00					
B. Full Name, Mailing Address and ZIP Code Eddie Milton, Jr. 2882 Cook Road Edwards, MS 39066		Name of Employer Corps of Engineers Occupation Technician		Date (month, day, year) 8-27-93		Amount of Each Receipt this Period 100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 425.00					
C. Full Name, Mailing Address and ZIP Code Charlie Mitchell Route 1, Box 1H Leland, MS 38756		Name of Employer Auven Aquaculture, Ltd. Occupation Sales Manager		Date (month, day, year) 11-15-93		Amount of Each Receipt this Period 334.91 (In-Kind)	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 334.91					
D. Full Name, Mailing Address and ZIP Code William Moorehead 1350 North Cleveland Chicago, IL 60610		Name of Employer Self-Employed Occupation Businessman		Date (month, day, year) 9-28-93		Amount of Each Receipt this Period 300.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00					
E. Full Name, Mailing Address and ZIP Code Thomas Morris P. O. Box 656 Cleveland, MS 38732		Name of Employer Turnage, Morris & Assoc. Occupation Attorney		Date (month, day, year) 8-27-93		Amount of Each Receipt this Period 100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00					
F. Full Name, Mailing Address and ZIP Code Tommy Patton 6257 West Northside Drive Bolton, MS 39041		Name of Employer Occupation Retired		Date (month, day, year) 8-27-93		Amount of Each Receipt this Period 80.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 280.00					
G. Full Name, Mailing Address and ZIP Code W. A. Percy P. O. Box 189 Arcola, MS 38722		Name of Employer Self-Employed Occupation Farmer		Date (month, day, year) 8-23-93		Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00					

SUBTOTAL of Receipts This Page (optional)

2,414.91

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 8
FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Crymes Pittman 410 South President Street Jackson, MS 39201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 3,000.00	Date (month, day, year) 8-20-93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Lynn Presley P. O. Box 998 Pascagoula, MS 39568 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Jackson County Occupation Chancery Clerk Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code George B. Ready P. O. Box 584 Southaven, MS 38671 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Carl M. Reddix 6090 Woodlea Drive Jackson, MS 39206 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Tom B. Scott, Jr. P. O. Box 2009 Jackson, MS 39215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Scott, Scott, & Assoc. Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Mike P. Sturdivant P. O. Box 230 Glendora, MS 38928 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9-1-93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code William B. Thompson, Jr. 110 Cumberland Road Brandon, MS 39042 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

4,850.00

TOTAL This Period (last page this line number only)

ITEMIZED RECEIPTS

PAGE	OF
8	8
FOR LINE NUMBER	
11(a)(i)	

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FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Bennie L. Turner Route 6, Box 113 West Point, MS 39773		Name of Employer Self-Employed	Date (month, day, year) 11-1-93	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Joe A. Waggoner 771 Belhaven Street Jackson, MS 39202		Name of Employer Waggoner Engineering	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Johnnie E. Walls P. O. Box 634 Greenville, MS 38702		Name of Employer Self-Employed	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 1,100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 1,500.00	
D. Full Name, Mailing Address and ZIP Code Armstrong Walters 401 7th Street North Columbus, MS 39701		Name of Employer Self-Employed	Date (month, day, year) 8-20-93	Amount of Each Receipt this Period 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 320.00	
E. Full Name, Mailing Address and ZIP Code Walter Washington P. O. Box 359 ASU Lorman, MS 39096		Name of Employer Alcorn State University	Date (month, day, year) 8-18-93	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Geraldine M. Yates 853 Buttonwood Drive Jackson, MS 39206		Name of Employer Central Mississippi PDD	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Administrator	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	

3,025.00

28,044.41

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
11(b)	

CONTRIBUTIONS FROM POLITICAL PARTY COMMITTEES

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)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code

DCCC PAC
430 South Capitol Street, S.E.
Washington, DC 20003

Name of Employer

PAC

Date (month,
day, year)

9-22-93

Amount of Each
Receipt this Period

150.00
(In-Kind)

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 10,150.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

150.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER
11(c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code AFT PAC 555 New Jersey Avenue, N.W. Washington, DC 20001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Special General	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 10,500.00	Date (month, day, year) 9-28-93	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code American Hospital Association PAC 840 North Lakeshore Drive Chicago, FL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code American Postal Workers PAC 1300 L Street, N.W. Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 3,500.00	Date (month, day, year) 10-26-93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code AT&T PAC 550 Madison Avenue New York, NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12-22-93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code BellSouth PAC 600 North 19th Street, 12th Floor Birmingham, AL 35203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 2,000.00
F. Full Name, Mailing Address and ZIP Code Boilermakers PAC 753 State Avenue, Suite 565 Kansas City, KS 66101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10-1-93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Bricklayers PAC 815 15th Street, N.W. Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 7-22-93	Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)

10,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11(c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Build PAC 15th & M Streets, N.W. Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 8-18-93 12-13-93	Amount of Each Receipt this Period 500.00 500.00
B. Full Name, Mailing Address and ZIP Code Building & Construction Trades PAC 815 16th Street, N.W. Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10-1-93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Carpenters PAC 101 Constitution Avenue, N.W. Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 7,500.00	Date (month, day, year) 7-9-93	Amount of Each Receipt this Period 2,500.00
D. Full Name, Mailing Address and ZIP Code UFCW PAC 1775 K Street, N.W. Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 10,000.00	Date (month, day, year) 12-13-93	Amount of Each Receipt this Period 2,500.00
E. Full Name, Mailing Address and ZIP Code Deposit Guaranty Bank PAC P. O. Box 1200 Jackson, MS 39215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8-18-93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Engineers PAC 1125 17th Street, N.W. Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9-1-93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Entergy Services PAC New Orleans, LA Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10-15-93	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 5
FOR LINE NUMBER 11(c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Florida Sugar Cane League PAC 115 South Lopez Street Clewiston, FL 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 7-9-93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Hotel Employees PAC 1219 28th Street, N.W. Washington, DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 9-28-93	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code IBEW PAC 1125 15th Street, N.W. Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 12,000.00	Date (month, day, year) 8-27-93	Amount of Each Receipt this Period 2,000.00
D. Full Name, Mailing Address and ZIP Code International Longshoreman PAC 17 Battery Place New York, NY 10004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Special General	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 3,000.00	Date (month, day, year) 9-10-93	Amount of Each Receipt this Period 3,000.00
E. Full Name, Mailing Address and ZIP Code Jitney Jungle PAC Jackson, MS 39205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12-14-93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Laborer's PAC 905 16th Street, N.W. Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Special General	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 5,500.00	Date (month, day, year) 7-9-93 11-29-93	Amount of Each Receipt this Period 500.00 500.00
G. Full Name, Mailing Address and ZIP Code Letter Carriers PAC 100 Indiana Avenue, N.W. Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 11-4-93	Amount of Each Receipt this Period 2,000.00

SUBTOTAL of Receipts This Page (optional)

9,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11(c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Locomotive Engineers PAC 1370 Ontario Street Cleveland, OH 44113	PAC	8-9-93	500.00
	Occupation	9-28-93	250.00
		12-14-93	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maintenance of Way PAC 12050 Woodward Avenue Detroit, MI 48203	PAC	11-9-93	500.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Masters, Mates & Pilots PAC 700 Maritime Blvd. Linthicum Herg, MD 21090	PAC	7-9-93	500.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McDonalds PAC One McDonald's Plaza Oak Brook, IL 60521	PAC	10-21-93	500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Special General	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEA PAC 1201 16th Street, N.W. Washington, DC 20036	PAC	8-27-93	1,000.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Office & Professional Workers PAC 815 16th Street, N.W., #606 Washington, DC 20006	PAC	9-23-93	500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Special General	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Responsible Citizens PAC 3 Research Place Rockville, MD 20850	PAC	8-18-93	500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Special General	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER 11 (c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Retail, Wholesale & Dept. Store PAC 30 East 29 Street New York, NY 10016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 7-22-93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Seafarers' PAC 5201 Auth Way Camp Springs, MD 20746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Special General	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 7,500.00	Date (month, day, year) 10-15-93	Amount of Each Receipt this Period 2,500.00
C. Full Name, Mailing Address and ZIP Code Teamsters PAC 25 Louisiana Avenue, N.W. Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 10,000.00	Date (month, day, year) 8-10-93 9-13-93	Amount of Each Receipt this Period 5,000.00 5,000.00
D. Full Name, Mailing Address and ZIP Code Transport Workers PAC 80 West End Avenue New York, NY 10023 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Special General	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9-22-93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 14,000.00

TOTAL This Period (last page this line number only) 48,150.00

ST-01 FROM 1000

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE 1 OF 6
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AR3 Rental, Inc. 924 Pine Lake Drive Jackson, MS 39206	Rental of Vans Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-16-93	1,000.00
B. Full Name, Mailing Address and ZIP Code Bennie Thompson P. O. Box 100 Bolton, MS 39041	Purpose of Disbursement Travel Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-2-93 10-8-93	150.00 593.54
C. Full Name, Mailing Address and ZIP Code Catherine Davis 1108 Wilson Lane Bolton, MS 39041	Purpose of Disbursement Travel Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-20-93 8-27-93 9-3-93	200.00 200.00 200.00
D. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Travel Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-10-93 9-21-93 10-8-93	200.00 100.00 100.00
E. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Travel Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-10-93	300.00
F. Full Name, Mailing Address and ZIP Code Charlie Horhn 4642 Norway Drive Jackson, MS 39206	Purpose of Disbursement Travel Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-93 8-27-93 11-9-93	217.91 20.00 274.42
G. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Travel Reimbursement and Car Rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-16-93 12-13-93 12-14-93	66.00 205.81 124.53
H. Full Name, Mailing Address and ZIP Code Charlie Mitchell Route 1, Box 1H Leland, MS 38756	Purpose of Disbursement Food for Fundraiser Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-15-93	334.91 (In-Kind)
I. Full Name, Mailing Address and ZIP Code Clyde Smith 4130 Hanging Moss Road Jackson, MS 39206	Purpose of Disbursement Consultant Fees & Photographs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-28-93 8-31-93	85.00 133.00
SUBTOTAL of Disbursements This Page (optional)			4,505.12
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 6
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Committee to Elect Charles Moore 1036 Irene Street Greenville, MS 38701	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-22-93	Amount of Each Disbursement This Period 600.00
B. Full Name, Mailing Address and ZIP Code Credit Card Center P. O. Box 4928 Monroe, LA 71211	Purpose of Disbursement Federal Express Charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-18-93	Amount of Each Disbursement This Period 372.00
C. Full Name, Mailing Address and ZIP Code Credit Card Center P. O. Box 22849 Jackson, MS 39225	Purpose of Disbursement Travel for Bennie Thompson Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-27-93 9-9-93	Amount of Each Disbursement This Period 327.00 203.00
D. Full Name, Mailing Address and ZIP Code David L. Andrukitis Rayburn HOB, Room WA29 Washington, DC 20515	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-27-93 11-16-93	Amount of Each Disbursement This Period 1,236.75 253.00
E. Full Name, Mailing Address and ZIP Code DCCC PAC 420 South Capitol Street Washington, DC 20003	Purpose of Disbursement PAC Workbook Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-22-93	Amount of Each Disbursement This Period 150.00 (In-Kind)
F. Full Name, Mailing Address and ZIP Code Democratic Consulting Group P. O. Box 1488 Jackson, MS 39215	Purpose of Disbursement Consultant Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-13-93 7-27-93	Amount of Each Disbursement This Period 900.00 900.00
G. Full Name, Mailing Address and ZIP Code Durrett Printing 127 Fairmont Plaza Pearl, MS 39208	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-27-93	Amount of Each Disbursement This Period 1,219.37
H. Full Name, Mailing Address and ZIP Code ETM Florist 324 North Farish Street Jackson, MS 39202	Purpose of Disbursement Flowers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-16-93	Amount of Each Disbursement This Period 350.00
I. Full Name, Mailing Address and ZIP Code Enterprise Leasing Company 4554 Office Park Drive Jackson, MS 39206	Purpose of Disbursement Rental of Car Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-9-93	Amount of Each Disbursement This Period 204.50
SUBTOTAL of Disbursements This Page (optional)			6,715.62
TOTAL This Period (last page this line number only)			

ITEMIZED DISBURSEMENTS

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

PAGE 3	OF 6
FOR LINE NUMBER 17	

NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code		Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fannie L. Ware 2803 Duane Street Jackson, MS 39209		Travel Reimbursement	8-26-93	38.39
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code		Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Holiday Inn Downtown 200 East Amite Street Jackson, MS 39201		Food & Catering Expenses	8-12-93	2,792.34
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code		Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. A. Bass 905 6th Street, S.W., #602B Washington, DC 20024		Consultant Feed	7-18-93	670.50
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code		Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerome Little P. O. Box 483 Tutwiler, MS 38928		Campaign Donation	11-1-93	250.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code		Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Johnny B. Thomas P. O. Box 51 Glen Allen, MS 38963		Campaign Donation	11-1-93	250.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code		Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LDDS, Inc. P. O. Box 16687 Jackson, MS 39236		Long Distance Service	7-27-93	25.86
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-20-93	8.78
			9-28-93	3.75
G. Full Name, Mailing Address and ZIP Code		Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MACE, Inc. 119 South Theobald Street Greenville, MS 38701		Contribution	9-9-93	250.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-9-93	100.00
H. Full Name, Mailing Address and ZIP Code		Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Montgomery 5715 Magnolia Drive Jackson, MS 39209		Travel Reimbursement	11-3-93	19.27
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code		Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mississippi Democratic Party P. O. Box 1583 Jackson, MS 39215		Ad for JJ Dinner Publication and Contribution	7-15-93	200.00
		Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-23-93	750.00
SUBTOTAL of Disbursements This Page (optional)				5,358.89
TOTAL This Period (last page this line number only)				

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 6
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Mississippi Employment Security Comm P. O. Box 22781 Jackson, MS 39225	Purpose of Disbursement Taxes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 9-23-93	Amount of Each Disbursement This Period 556.47
B. Full Name, Mailing Address and ZIP Code Monte's Seafood 3505 Terry Road Jackson, MS 39212	Purpose of Disbursement Food for Fundraiser Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-27-93	Amount of Each Disbursement This Period 528.43
C. Full Name, Mailing Address and ZIP Code Office Depot 4950 I-55 North Jackson, MS 39211	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 7-2-93 8-27-93	Amount of Each Disbursement This Period 103.84 12.81
D. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 11-29-93 12-6-93	Amount of Each Disbursement This Period 30.12 53.50
E. Full Name, Mailing Address and ZIP Code PIP Printing 1220 East Northside Drive Jackson, MS 39211	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-2-93	Amount of Each Disbursement This Period 504.18
F. Full Name, Mailing Address and ZIP Code Ramada Inn Coliseum 400 Greymont Avenue Jackson, MS 39202	Purpose of Disbursement Hotel Charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-16-93	Amount of Each Disbursement This Period 289.44
G. Full Name, Mailing Address and ZIP Code Richard Gardner 119 Depot Charleston, MS 38921	Purpose of Disbursement Campaign Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 11-1-93	Amount of Each Disbursement This Period 250.00
H. Full Name, Mailing Address and ZIP Code Russell Thomas Productions P. O. Box 20594 Jackson, MS 39289	Purpose of Disbursement Consultant Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 8-16-93	Amount of Each Disbursement This Period 425.00
I. Full Name, Mailing Address and ZIP Code Sandra Irby 1026 Avondale Drive Jackson, MS 39216	Purpose of Disbursement Consultant Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 2-17-93 8-27-93	Amount of Each Disbursement This Period 100.00 2,500.00

SUBTOTAL of Disbursements This Page (optional)

5,353.79

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
5 6
FOR LINE NUMBER
17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sexton Piscole Photography 892 Brandon Avenue Jackson, MS 39209	Photography Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-9-93	205.00
B. Full Name, Mailing Address and ZIP Code Sir Speedy Printing 2600 North State Street Jackson, MS 39216	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-9-93	1,518.99
C. Full Name, Mailing Address and ZIP Code South Central Bell P. O. Box 2218 Jackson, MS 39225	Telephone Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-93 8-11-93 9-9-93	68.72 71.15 76.15
D. Full Name, Mailing Address and ZIP Code Same as Above	Telephone Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-93 11-9-93 12-14-93	63.14 63.10 65.28
E. Full Name, Mailing Address and ZIP Code Trustmark National Bank P. O. Box 588 Jackson, MS 39205	Loan Interest Bank Charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-6-93 8-11-93	436.30 1.34
F. Full Name, Mailing Address and ZIP Code Same as Above	Loan Interest Bank Charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-22-93 10-6-93	450.68 7.56
G. Full Name, Mailing Address and ZIP Code U. S. Postmaster Bolton, MS	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-2-93 8-7-93 9-2-93	400.00 1,450.00 29.00
H. Full Name, Mailing Address and ZIP Code Same of Above	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-2-93 11-17-93 11-19-93	65.80 29.00 174.00
I. Full Name, Mailing Address and ZIP Code Same as Above	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-14-93	11.25

SUBTOTAL of Disbursements This Page (optional)

5,186.46

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 6
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code U. S. Postmaster Jackson, MS	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-29-93 8-2-93	Amount of Each Disbursement This Period 218.76 290.00
B. Full Name, Mailing Address and ZIP Code Unitech P. O. Box 20639 Jackson, MS 39289	Purpose of Disbursement Equipment Repair Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-7-93 9-20-93	Amount of Each Disbursement This Period 162.64 69.28
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 740.68

TOTAL This Period (last page this line number only) 27,860.56

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) FRIENDS OF BENNIE THOMPSON			
A. Full Name, Mailing Address and ZIP Code of Loan Source Trustmark National Bank P. O. Box 291 Jackson, MS 39205	Original Amount of Loan 25,000.00	Cumulative Payment To Date 25,000.00	Balance Outstanding at Close of This Period -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>3/24/93</u> Date Due <u>9/20/93</u> Interest Rate <u>7.0</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

* ENCL * BOLF * HO * 10 *