FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Friends of Bennie Thompson

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

Check if different than previously reported. (ACC)

Bolton | MS | 39041

2. FEC IDENTIFICATION NUMBER ▼ C00279851

CITY ▲ STATE ▲ ZIP CODE ▲

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

STATE ▼ DISTRICT: MS | 2

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

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

Convention (12C) — Special (12S)

Election on ____ in the State of ____

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

x General (30G) — Runoff (30R) — Special (30S)

Election on 11 02 2004 in the State of MS

5. Covering Period 10 14 2004 through 11 22 2004

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

Type or Print Name of Treasurer: Reuben V. Anderson

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

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

Office Use Only								FEC FORM 3 (Revised 02/2009)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2

Write or Type Committee Name

Friends of Bennie Thompson

Report Covering the Period: From: M M 1 0 D D 1 4 Y Y Y Y 2 0 0 4 To: M M 1 1 D D 2 2 Y Y Y Y 2 0 0 4

	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(a))	97386.35	713062.60
(b) Total Contribution Refunds (from Line 20(d))	200.00	5700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	97186.35	707362.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	335305.64	667895.43
(b) Total Offsets to Operating Expenditures (from Line 14)	18113.80	42431.42
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	317191.84	625464.01
8. Cash on Hand at Close of Reporting Period (from Line 27)	273142.26	
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

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003) Report of Receipts and Disbursements

. If the candidate participated in the general election, use this form for the 30-day Post-General report.

. If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Bennie Thompson

Report Covering the Period: From: 10 14 2004 To: 11 22 2004

I. RECEIPTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 02 2004 (date of general election)	COLUMN C Total for 11 03 2004 (date after general election) through 11 22 2004 (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other than Political Committees			
(i) Itemized (Use Schedule A)	33879.00		
(ii) Unitemized	11057.35		
(iii) Total of contributions from Individuals	44936.35	263502.35	762.00
(b) Political Party Committees	0.00	4116.36	0.00
(c) Other Political Committees	52450.00	445443.69	0.00

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(e)(iii), (b), (c) and (d))		
97366.35	713062.60	762.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
18113.80	42431.42	750.80
15. OTHER RECEIPTS (Dividends, Interest, etc)		
219.07	4018.42	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
115719.22	759512.44	1512.80

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003) Report of Receipts and Disbursements

Write or Type Committe Name

Friends of Bennie Thompson

Report the covering period From: 10 14 2004 To: 11 22 2004

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 6 for date)
17. OPERATING EXPENDITURES		
335305.64	667895.43	10048.15
18. TRANSFER TO OTHER AUTHORIZED COMMITTIES		
0.00	0.00	0.00
19. LOAN PAYMENTS (a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		
200.00	200.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)		
0.00	5500.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))		
200.00	5700.00	0.00
21. OTHER DISBURSEMENTS		
34615.00	40230.00	2350.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
370120.64	713825.43	12398.15

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

97186.35	707362.60	762.00

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

317191.84	625464.01	9297.35

V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	527543.68
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 18)	115719.22
25. SUBTOTAL(add Line 23 and Line 24)	643262.90
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)	370120.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)	273142.26

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 132
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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 (Last, First, Middle Initial)
American Federation of
Mailing Address Government Employees PAC
80 F. Street, N.W.
City: Washington | State: DC | Zip Code: 20001-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 10 29 2004
Transaction ID: 1029200422C6880
Amount of Each Receipt this Period: 1500.00
Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PEOPLE
Mailing Address 1625 L Street, N.W.
City: Washington | State: DC | Zip Code: 20036-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 10 18 2004
Transaction ID: 1018200414C6716
Amount of Each Receipt this Period: 1000.00
Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Association of Trial Lawyers
Mailing Address of America PAC
1050 31st Street, N.W.
City: Washington | State: DC | Zip Code: 20007-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 10000.00

Date of Receipt: 10 29 2004
Transaction ID: 1029200422C887B
Amount of Each Receipt this Period: 1000.00
Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 132
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
American Optometric Association PAC
Mailing Address 1505 Prince St Ste 300
City: Alexandria | State: VA | Zip Code: 22314-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2500.00

Date of Receipt: 10 28 2004
Transaction ID: 1028200422C6869
Amount of Each Receipt this Period: 1500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AB-PAC
Mailing Address 1401 I Street, N.W., Suite
City: Washington | State: DC | Zip Code: 20005-2225
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 10 22 2004
Transaction ID: 1022200040C6772
Amount of Each Receipt this Period: 5000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BRIDGE PAC
Mailing Address 499 S Capitol St., SW, Suite 114
City: Washington | State: DC | Zip Code: 20003-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 11 02 2004
Transaction ID: 41202.C6958
Amount of Each Receipt this Period: 3000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 9500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 132
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
BUNGE North America, Inc. PAC
Mailing Address 750 First Street, NE, Suite 1070
City: Washington | State: DC | Zip Code: 20002-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 11 01 2004
Transaction ID: 41202.C6890
Amount of Each Receipt this Period: 250.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CPDA PAC
Mailing Address 1430 Duke Street
City: Alexandria | State: VA | Zip Code: 22314-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 11 01 2004
Transaction ID: 41202.C6922
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CWA-COPE PCC
Mailing Address 501 3rd St., NW
City: Washington | State: DC | Zip Code: 20001-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 7200.00

Date of Receipt: 10 29 2004
Transaction ID: 10292D0422C6882
Amount of Each Receipt this Period: 5000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **5750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 132
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
CarGill, Incorporated PAC
Mailing Address P.O. Box 9300
City: Minneapolis | State: MN | Zip Code: 55440-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450C6785
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DEPAC
Mailing Address 10220 N. Ambassador Drive
City: Kansas City | State: MO | Zip Code: 64153-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 10 18 2004
Transaction ID: 1018200423C6735
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eli Lilly and Company PAC
Mailing Address Lilly Corporate Center
City: Indianapolis | State: IN | Zip Code: 46285-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 6000.00

Date of Receipt: 10 18 2004
Transaction ID: 1018200414C6724
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **6000.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 132
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Federal Express PAC
Mailing Address 942 S. Shady Grove Road
City: Memphis | State: TN | Zip Code: 38120-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 10000.00

Date of Receipt: 11 02 2004
Transaction ID: 41202.C6963
Amount of Each Receipt this Period: 5000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Kaptur For Congress
Mailing Address P.O. Box 899
City: Toledo | State: OH | Zip Code: 43697-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 18 2004
Transaction ID: 1018200414C6725
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Kilpatrick For United States Congress
Mailing Address P.O. Box 32175
City: Detroit | State: MI | Zip Code: 48232-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 18 2004
Transaction ID: 10182D0414C8713
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **8000.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 132
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Committee on Letter Carriers
Mailing Address Political Education
100 Indiana Avenue, N.W.
City: Washington | State: DC | Zip Code: 20001-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450781
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association
Mailing Address 1100 King Street, Suite 600
City: Alexandria | State: VA | Zip Code: 22314-2944
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 29 2004
Transaction ID: 1029200422C6881
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
CO-OP/PAC
Mailing Address 50 F St. NW Ste 900
City: Washington | State: DC | Zip Code: 20001-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 11 01 2004
Transaction ID: 41202.C6893
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 132
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
National Rural Letter Carriers
Mailing Address Association PAC
1630 Duke Street, 4th Floor
City: Alexandria | State: VA | Zip Code: 22314-3465
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 19 2004
Transaction ID: 1019200423C6736
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Watermelon Association, Inc PAC
Mailing Address 1667 E/ Castlebrook Dr.
City: Fresno | State: CA | Zip Code: 93720-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 200.00

Date of Receipt: 10 18 2004
Transaction ID: 1018200414C6723
Amount of Each Receipt this Period: 200.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Planned Parenthood Action Fund, Inc. PAC
Mailing Address 434 West 33rd Street
City: New York | State: NY | Zip Code: 10001-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 11 02 2004
Transaction ID: 41202.C6959
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1700.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 132
(check only one)

11a	11b	X 11c	11d			
12	13a		13b	14		15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Plum Creek Timber Company GGF
Mailing Address 999 Third Avenue, Suite 2300
City: Seattle | State: WA | Zip Code: 98104-
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450C6780
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
SBC Communications, Inc.
Mailing Address Employee Federal PAC
175 E. Houston, RM. 4-J-D1
City: San Antonio | State: TX | Zip Code: 78205-
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 19 2004
Transaction ID: 1019200423C6737
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Second District PAC
Mailing Address P.O. Box 53
City: Bolton | State: MS | Zip Code: 39041-
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 14 2004
Transaction ID: 10132D0423C6875
Amount of Each Receipt this Period: 2500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4500.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 132
(check only one)

☐	11a	☐	11b	☒	11c	☐	11d		
☐	12	☐	13a	☐	13b	☐	14	☐	15

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 (Last, First, Middle Initial)
Transport Workers Union
Mailing Address Political Contributions Committee
1700 Broadway
City: New York | State: NY | Zip Code: 10019-5905
FEC ID number of contributing federal political committee: C C00008268
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450C6784
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UAW-V-CAP
Mailing Address 8000 E. Jefferson Ave.
City: Detroit | State: MI | Zip Code: 48214-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 7000.00

Date of Receipt: 10 20 2004
Transaction ID: 1020200457C6740
Amount of Each Receipt this Period: 4000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
United Food and Commercial Workers
Mailing Address Active Ballot Club
1775 K Street, N.W.
City: Washington | State: DC | Zip Code: 20006-1598
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 9000.00

Date of Receipt: 11 02 2004
Transaction ID: 41202.C6980
Amount of Each Receipt this Period: 5000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	**10000.00**
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 132
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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 (Last, First, Middle Initial)
Verizon Communications Inc.

Mailing Address Good Government Club
1717 Arch Street, 47-S

City: Philadelphia | State: PA | Zip Code: 19103-

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Receipt For:
Primary X General
Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
11 01 2004

Transaction ID: 41202.C6888

Amount of Each Receipt this Period
1000.00

Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	52450.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 132
(check only one)
X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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 (Last, First, Middle Initial)
Edward Anin-Addo
Mailing Address P.O. Box 822761
City: Vicksburg | State: MS | Zip Code: 39182-
FEC ID number of contributing federal political committee: C
Name of Employer: River Region Medical Center
Occupation: Physician
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 10 28 2004
Transaction ID: 1028200422C6876
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Charon P. Baines
Mailing Address RR 2 Box 194
City: Greenwood | State: MS | Zip Code: 38930-9651
FEC ID number of contributing federal political committee: C
Name of Employer: Dr. Gene Baines
Occupation: Office Manager
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 25 2004
Transaction ID: 102520045C6819
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Samuel Lee Begley
Mailing Address 854 N. Jefferson St.
City: Jackson | State: MS | Zip Code: 39202-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 25 2004
Transaction ID: 102520045C6795
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 132
(check only one)
X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Thomas Brock
Mailing Address P.O. Box 1161
City: Mccomb | State: MS | Zip Code: 39649-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450786
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Fred Carl
Mailing Address P.O. Box 956
City: Greenwood | State: MS | Zip Code: 38935-
FEC ID number of contributing federal political committee: C
Name of Employer: Viking Range Corporation
Occupation: Executive
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 3000.00

Date of Receipt: 10 22 2004
Transaction ID: 1022200406777
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Paul Carpenter
Mailing Address P.O. Box 1101
City: Grenada | State: MS | Zip Code: 38902-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Businessman
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 11 01 2004
Transaction ID: 41202.C6892
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 132
(check only one)

X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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 (Last, First, Middle Initial)
Robert Cotton
Mailing Address Rt. 1 Box 49B
City: Sallis | State: MS | Zip Code: 39160-
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation:
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 454.00

Date of Receipt: 10 21 2004
Transaction ID: 1022200400C6750
Amount of Each Receipt this Period: 454.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Robert Cotton
Mailing Address Rt. 1 Box 49B
City: Sallis | State: MS | Zip Code: 39160-
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation:
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 474.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450C6796
Amount of Each Receipt this Period: 20.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Godwin E. Dafe
Mailing Address P.O. Box 11855
City: Jackson | State: MS | Zip Code: 39283-1855
FEC ID number of contributing federal political committee: C
Name of Employer: State Farm Insurance
Occupation: Insurance Agent
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 800.00

Date of Receipt: 10 28 2004
Transaction ID: 10282D0422C887D
Amount of Each Receipt this Period: 800.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1274.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 132
(check only one)
X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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 (Last, First, Middle Initial)
Wayne Dowdy
Mailing Address P.O. Box 30
City: Magnolia | State: MS | Zip Code: 39652-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450 6792
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Lisbon Durden
Mailing Address 211 Greenfield Dr.
City: Greenwood | State: MS | Zip Code: 38930-
FEC ID number of contributing federal political committee: C
Name of Employer: Viking Range Corporation
Occupation: Executive
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 22 2004
Transaction ID: 1022200400 6775
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Gaines Dyer
Mailing Address P.O. Drawer 580
City: Greenville | State: MS | Zip Code: 38701-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 11 02 2004
Transaction ID: 41202.C6932
Amount of Each Receipt this Period: 250.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 132
(check only one)
X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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 (Last, First, Middle Initial)
John A. Eaves, Jr.
Mailing Address 101 N. State Street
City: Jackson | State: MS | Zip Code: 39201-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 4000.00

Date of Receipt: 10 26 2004
Transaction ID: 1026200425C6855
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
John A. Eaves, Sr.
Mailing Address 101 N. State St.
City: Jackson | State: MS | Zip Code: 39201-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 26 2004
Transaction ID: 1026200425C6856
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Fred Ferrell
Mailing Address 105 Woodbine Dr.
City: Vicksburg | State: MS | Zip Code: 39180-
FEC ID number of contributing federal political committee: C
Name of Employer: Poly Vulc USA
Occupation: President
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 10 20 2004
Transaction ID: 1020200457C8743
Amount of Each Receipt this Period: 250.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4250.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 132
(check only one)
X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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 (Last, First, Middle Initial)
Bobbie Flemming
Mailing Address P.O. Box 49
City: Inverness | State: MS | Zip Code: 38753-
FEC ID number of contributing federal political committee: C
Name of Employer: Seyah Hospice
Occupation: Director
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 700.00

Date of Receipt: 10 22 2004
Transaction ID: 1022200400C8770
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Lionel B. Fraser
Mailing Address 5920 Kenview Dr.
City: Jackson | State: MS | Zip Code: 39206-
FEC ID number of contributing federal political committee: C
Name of Employer: Metropolitan Urology, P.A.
Occupation: Physician
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 11 01 2004
Transaction ID: 41202.C6920
Amount of Each Receipt this Period: 250.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Tylvester Goss
Mailing Address 1441 Lakecover Rd.
City: Jackson | State: MS | Zip Code: 39213-6008
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 28 2004
Transaction ID: 10282D0422C8864
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 132
(check only one)
X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Willie Griffin
Mailing Address P.O. Box 189
City: Greenville | State: MS | Zip Code: 38702-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 11 02 2004
Transaction ID: 41202.C6942
Amount of Each Receipt this Period: 100.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Mike Gunn
Mailing Address P.O. Box 5835
City: Brandon | State: MS | Zip Code: 39047-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Businessman
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 10 18 2004
Transaction ID: 1018200414C6714
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
William Guy
Mailing Address P.O. Box 509
City: Mccomb | State: MS | Zip Code: 39649-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Businessman
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 25 2004
Transaction ID: 10252D045C6782
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1600.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 132
(check only one)
X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Carl Harden
Mailing Address 212 Bayou Road
City: Greenville | State: MS | Zip Code: 38701-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Businessman
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 700.00

Date of Receipt: 11 02 2004
Transaction ID: 41202.C6927
Amount of Each Receipt this Period: 200.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Herbert Irvin
Mailing Address 308 Fairfield Dr.
City: Jackson | State: MS | Zip Code: 39206-
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 10 25 2004
Transaction ID: 102520045C6788
Amount of Each Receipt this Period: 300.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
John A. James
Mailing Address P.O. Box 413
City: Itta Bena | State: MS | Zip Code: 38941-
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation:
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 10 25 2004
Transaction ID: 102520045C6794
Amount of Each Receipt this Period: 125.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 132
(check only one)

X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mavis James
Mailing Address 830 Camden st.
City: Jackson | State: MS | Zip Code: 39206-
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed | Occupation: Realtor
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 200.00

Date of Receipt: 10 14 2004
Transaction ID: 1018200414C6710
Amount of Each Receipt this Period: 200.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Mavis James
Mailing Address 830 Camden st.
City: Jackson | State: MS | Zip Code: 39206-
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed | Occupation: Realtor
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 450.00

Date of Receipt: 10 26 2004
Transaction ID: 1026200425C6861
Amount of Each Receipt this Period: 250.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
James Kitchens
Mailing Address 610 North St.
City: Jackson | State: MS | Zip Code: 39202-3116
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed | Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 10 21 2004
Transaction ID: 10222D040C6745
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 132
(check only one)

X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Ollie Knight
Mailing Address 801 Plymouth Ct., No. 915
City: Chicago | State: IL | Zip Code: 60605-
FEC ID number of contributing federal political committee: C
Name of Employer: Human Resources (HRDI)
Occupation: Vice President
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 507.00

Date of Receipt: 10 18 2004
Transaction ID: 1018200414C6727
Amount of Each Receipt this Period: 15.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Larry Lambiotte
Mailing Address 107 Woodbine Dr.
City: Vicksburg | State: MS | Zip Code: 39180-
FEC ID number of contributing federal political committee: C
Name of Employer: PolyVulc
Occupation: President/CEO
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 750.00

Date of Receipt: 10 20 2004
Transaction ID: 1020200457C6742
Amount of Each Receipt this Period: 750.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Deborah McDonald
Mailing Address P.O. Box 2038
City: Natchez | State: MS | Zip Code: 39120-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 11 01 2004
Transaction ID: 41202.C6889
Amount of Each Receipt this Period: 300.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1065.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 132
(check only one)

X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Robert Moore
Mailing Address 3031 Browning Rd. Ext.
City: Greenwood | State: MS | Zip Code: 38930-
FEC ID number of contributing federal political committee: C
Name of Employer: Leflore County
Occupation: Elected Official
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450C6814
Amount of Each Receipt this Period: 200.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
W. Hibbett Neel
Mailing Address P.O. Box 22625
City: Jackson | State: MS | Zip Code: 39202-
FEC ID number of contributing federal political committee: C
Name of Employer: Neel-Schaffer, INC
Occupation: President
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 18 2004
Transaction ID: 1018200414C6715
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Cassie Osborne
Mailing Address P.O. Box 5146
City: Itta Bena | State: MS | Zip Code: 38941-
FEC ID number of contributing federal political committee: C
Name of Employer: MS Valley State University
Occupation: Education Administrator
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450C6816
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1700.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 132
(check only one)

X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
John Payne
Mailing Address 707 River Road
City: Greenwood | State: MS | Zip Code: 38930-
FEC ID number of contributing federal political committee: C
Name of Employer: Greenwood Leflore Hospital
Occupation: Physician
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 10 25 2004
Transaction ID: 10252004SC6823
Amount of Each Receipt this Period: 400.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
John Payne
Mailing Address 707 River Road
City: Greenwood | State: MS | Zip Code: 38930-
FEC ID number of contributing federal political committee: C
Name of Employer: Greenwood Leflore Hospital
Occupation: Physician
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 900.00

Date of Receipt: 10 25 2004
Transaction ID: 10252004SC6790
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Willie Perkins
Mailing Address P.O. Box 6404
City: Greenwood | State: MS | Zip Code: 38935-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 10 25 2004
Transaction ID: 10252004SC6810
Amount of Each Receipt this Period: 250.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1150.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 132
(check only one)
X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Dale Persons
Mailing Address 804 Nicholson Avenue
City: Greenwood | State: MS | Zip Code: 38930-
FEC ID number of contributing federal political committee: C
Name of Employer: Viking Range Corporation
Occupation: Vice President
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 22 2004
Transaction ID: 1022200400C6779
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Michael Pond
Mailing Address 502 S. President St
City: Jackson | State: MS | Zip Code: 39201-
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Attorney
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 10 21 2004
Transaction ID: 1022200400C6746
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Rita Royal
Mailing Address 5105 Sedgewick Dr.
City: Jackson | State: MS | Zip Code: 39211-
FEC ID number of contributing federal political committee: C
Name of Employer: Jackson Public Schools
Occupation: Teacher
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 11 01 2004
Transaction ID: 41202.C6898
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 132
(check only one)

X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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 (Last, First, Middle Initial)
Harvey C. Sanders
Mailing Address P.O. Box 4387
City: Jackson | State: MS | Zip Code: 39216-
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physician
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 10 26 2004
Transaction ID: 1028200425C6858
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Juanita Scott
Mailing Address 803 Oak St.
City: Indianola | State: MS | Zip Code: 38751-3625
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation:
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 265.00

Date of Receipt: 10 21 2004
Transaction ID: 102220040C6753
Amount of Each Receipt this Period: 265.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Robert Smith
Mailing Address 1134 Winter St.
City: Jackson | State: MS | Zip Code: 39204-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 10 14 2004
Transaction ID: 10182D0414C8706
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1265.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 132
(check only one)
X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
William Truly
Mailing Address P.O. Box 1069
City: Canton | State: MS | Zip Code: 39046-
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 25 2004
Transaction ID: 1025200450783
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Ronald Ussery
Mailing Address 603 Emerson Ave.
City: Greenwood | State: MS | Zip Code: 38930-
FEC ID number of contributing federal political committee: C
Name of Employer: Vicking Range Corporation
Occupation: Vice President of Operations
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 22 2004
Transaction ID: 1022200400C6776
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Brian Weldrop
Mailing Address 702 E. Barton Ave.
City: Greenwood | State: MS | Zip Code: 38930-
FEC ID number of contributing federal political committee: C
Name of Employer: Vicking Range Corporation
Occupation: Executive
Receipt For: Primary X General Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 10 22 2004
Transaction ID: 1022200400C6771
Amount of Each Receipt this Period: 2000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 132
(check only one)

X 11a | 11b | 11c | 11d | 12 | 13a | 13b | 14 | 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Oscar Webb

Mailing Address 14324 S. Avalon Ave.

City: Dolton | State: IL | Zip Code: 60419-

FEC ID number of contributing federal political committee: C

Name of Employer: Self

Occupation: Consultant

Receipt For:
Primary X General
Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
10 26 2004

Transaction ID: 1028200425C6859

Amount of Each Receipt this Period
500.00

Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	33879.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 132
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Johnnie Daniels
Mailing Address 841 Nakoma Dr.
City: Jackson | State: MS | Zip Code: 39206-
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: X Primary General
Other (specify):
Election Cycle-to-Date: 641.00

Date of Receipt: 11 12 2004
Transaction ID: 41202.C6980
Amount of Each Receipt this Period: 641.00
Offsets to Operating Expenditu
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Bennie Thompson
Mailing Address 103 L.C. Turner Circle
City: Bolton | State: MS | Zip Code: 39041-
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary X General
Other (specify):
Election Cycle-to-Date: 1850.00

Date of Receipt: 11 01 2004
Transaction ID: 41202.C6925
Amount of Each Receipt this Period: 1850.00
Offsets to Operating Expenditu
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Stella D. Walker
Mailing Address 450 Fairfield Dr.
City: Jackson | State: MS | Zip Code: 39208-
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Businesswoman
Receipt For: Primary X General
Other (specify):
Election Cycle-to-Date: 15313.00

Date of Receipt: 10 29 2004
Transaction ID: 41202.C6887
Amount of Each Receipt this Period: 15313.00
Offsets to Operating Expenditu
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	**17804.00**
TOTAL This Period (last page this line number only) ▶	**17804.00**

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 132
(check only one)

11a	11b	11c	11d	
12	13a	13b	14	X 15

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Trustmark National Bank

Mailing Address P.O. Box 291

City	State	Zip Code
Jackson	MS	39205-0291

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For:
Primary X General
Other (specify)

Election Cycle-to-Date
4018.42

Date of Receipt
10 31 2004

Transaction ID: 41202.C6982

Amount of Each Receipt this Period
219.07

Other Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	219.07
TOTAL This Period (last page this line number only)	219.07

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Geri Adams

Mailing Address 106 West Green Street
Suite 134

City: Mound Bayou | State: MS | Zip Code: 38762-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4323
Date of Disbursement: 11 / 19 / 2004

Amount of Each Disbursement this Period: 353.19

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 530001

City: Atlanta | State: GA | Zip Code: 30353-0001

Purpose of Disbursement: CREDIT CARD PAYMENT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4132
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 635.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD PAYMENT

C. Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City: Atlanta | State: GA | Zip Code: 30374-0144

Purpose of Disbursement: PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1019200423E4028
Date of Disbursement: 10 / 18 / 2004

Amount of Each Disbursement this Period: 161.39

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ **1149.75**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City: Atlanta | State: GA | Zip Code: 30374-0144

Purpose of Disbursement: PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10192D0423E4029
Date of Disbursement: 10 / 18 / 2004

Amount of Each Disbursement this Period: 141.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

B.
Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City: Atlanta | State: GA | Zip Code: 30374-0144

Purpose of Disbursement: PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10192D0423E4031
Date of Disbursement: 10 / 18 / 2004

Amount of Each Disbursement this Period: 109.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

C.
Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City: Atlanta | State: GA | Zip Code: 30374-0144

Purpose of Disbursement: PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4123
Date of Disbursement: 10 / 26 / 2004

Amount of Each Disbursement this Period: 157.19

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ **407.73**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City: Atlanta | State: GA | Zip Code: 30374-0144

Purpose of Disbursement: PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4122
Date of Disbursement: 10 / 26 / 2004

Amount of Each Disbursement this Period: 545.29

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

B.
Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City: Atlanta | State: GA | Zip Code: 30374-0144

Purpose of Disbursement: PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4131
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 163.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

C.
Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City: Atlanta | State: GA | Zip Code: 30374-0144

Purpose of Disbursement: PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4130
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 247.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ **956.56**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City Atlanta | State GA | Zip Code 30374-0144

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4274
Date of Disbursement 11 / 01 / 2004

Amount of Each Disbursement this Period
260.07

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

B.
Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City Atlanta | State GA | Zip Code 30374-0144

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4295
Date of Disbursement 11 / 12 / 2004

Amount of Each Disbursement this Period
557.31

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

C.
Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City Atlanta | State GA | Zip Code 30374-0144

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4319
Date of Disbursement 11 / 19 / 2004

Amount of Each Disbursement this Period
29.42

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ **846.80**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City: Atlanta | State: GA | Zip Code: 30374-0144

Purpose of Disbursement: PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4320
Date of Disbursement: 11 / 19 / 2004

Amount of Each Disbursement this Period: 172.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

B. Full Name (Last, First, Middle Initial)
BellSouth

Mailing Address P.O. Box 740144

City: Atlanta | State: GA | Zip Code: 30374-0144

Purpose of Disbursement: PHONE SERVICES

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4318
Date of Disbursement: 11 / 19 / 2004

Amount of Each Disbursement this Period: 3.58

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHONE SERVICES

C. Full Name (Last, First, Middle Initial)
Ms. Stephanie Booker

Mailing Address 12 Pecan Street

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102220040E4073
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **476.08**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Stephanie Booker

Mailing Address 12 Pecan Street

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 10222D040E4074
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARY

B. Full Name (Last, First, Middle Initial)
Ms. Stephanie Booker

Mailing Address 12 Pecan Street

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 10222D040E4075
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Ms. Stephanie Booker

Mailing Address 12 Pecan Street

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 1028200422E4146
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **300.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Ms. Stephanie Booker

Mailing Address 12 Pecan Street

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4147
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARY

B.
Full Name (Last, First, Middle Initial)
Ms. Stephanie Booker

Mailing Address 12 Pecan Street

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4148
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C.
Full Name (Last, First, Middle Initial)
Mr. John Brown

Mailing Address 270 W. Peace Street

City: Canton | State: MS | Zip Code: 39046-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4050
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 650.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **650.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. John Brown

Mailing Address 270 W. Peace Street

City: Canton | State: MS | Zip Code: 39046-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4103
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 650.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

B.
Full Name (Last, First, Middle Initial)
Mr. John Brown

Mailing Address 270 W. Peace Street

City: Canton | State: MS | Zip Code: 39046-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4209
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2850.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Mr. John Brown

Mailing Address 270 W. Peace Street

City: Canton | State: MS | Zip Code: 39046-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4211
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 390.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. John Brown

Mailing Address 270 W. Peace Street

City: Canton | State: MS | Zip Code: 39046-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4212
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

B. Full Name (Last, First, Middle Initial)
Mr. John Brown

Mailing Address 270 W. Peace Street

City: Canton | State: MS | Zip Code: 39046-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4210
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2160.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

C. Full Name (Last, First, Middle Initial)
Flora Bush-Stigler

Mailing Address P.O. Box 242

City: Carrollton | State: MS | Zip Code: 38917-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4037
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1140.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **1140.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Flora Bush-Stigler

Mailing Address P.O. Box 242

City: Carrollton | State: MS | Zip Code: 38917-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4092
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 340.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

B.
Full Name (Last, First, Middle Initial)
Flora Bush-Stigler

Mailing Address P.O. Box 242

City: Carrollton | State: MS | Zip Code: 38917-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4183
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 720.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Flora Bush-Stigler

Mailing Address P.O. Box 242

City: Carrollton | State: MS | Zip Code: 38917-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4186
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **1060.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Flora Bush-Stigler

Mailing Address P.O. Box 242

City: Carrollton | State: MS | Zip Code: 38917-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4164
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 320.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

B. Full Name (Last, First, Middle Initial)
Flora Bush-Stigler

Mailing Address P.O. Box 242

City: Carrollton | State: MS | Zip Code: 38917-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1019200423E4033
Date of Disbursement: 10 / 18 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Classic Printing Company

Mailing Address P.O. Box 68696

City: Jackson | State: MS | Zip Code: 39286-8696

Purpose of Disbursement: PRINTING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1019200423E4033
Date of Disbursement: 10 / 18 / 2004

Amount of Each Disbursement this Period: 12909.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶ **12909.60**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Classic Printing Company

Mailing Address P.O. Box 68696

City Jackson | State MS | Zip Code 39286-8696

Purpose of Disbursement
PRINTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 10292D0422E4151
Date of Disbursement 10 / 28 / 2004

Amount of Each Disbursement this Period
2935.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

B. Full Name (Last, First, Middle Initial)
Clear Channel Radio

Mailing Address 1375 Beasley Road

City Jackson | State MS | Zip Code 39206-

Purpose of Disbursement
RADIO SPOTS

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 10222D040E4086
Date of Disbursement 10 / 21 / 2004

Amount of Each Disbursement this Period
1850.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOTS

C. Full Name (Last, First, Middle Initial)
Thelma B. Cocroft

Mailing Address 603 Boyd St.

City Carthage | State MS | Zip Code 39051-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4201
Date of Disbursement 10 / 29 / 2004

Amount of Each Disbursement this Period
1439.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **6224.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Thelma B. Cocroft
Mailing Address 603 Boyd St.
City: Carthage | State: MS | Zip Code: 39051-
Purpose of Disbursement: DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4204
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 144.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

B.
Full Name (Last, First, Middle Initial)
Thelma B. Cocroft
Mailing Address 603 Boyd St.
City: Carthage | State: MS | Zip Code: 39051-
Purpose of Disbursement: TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4203
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 455.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C.
Full Name (Last, First, Middle Initial)
Thelma B. Cocroft
Mailing Address 603 Boyd St.
City: Carthage | State: MS | Zip Code: 39051-
Purpose of Disbursement: SALARIES
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4202
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 840.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: SALARIES

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Ms. Sharlet Collins

Mailing Address 1029 Hansen Street

City: Hazlehurst | State: MS | Zip Code: 39083-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4040
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1890.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

B.
Full Name (Last, First, Middle Initial)
Ms. Sharlet Collins

Mailing Address 1029 Hansen Street

City: Hazlehurst | State: MS | Zip Code: 39083-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4095
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 1190.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C.
Full Name (Last, First, Middle Initial)
Ms. Sharlet Collins

Mailing Address 1029 Hansen Street

City: Hazlehurst | State: MS | Zip Code: 39083-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4171
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2322.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **5402.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Sharlet Collins

Mailing Address 1029 Hansen Street

City Hazlehurst | State MS | Zip Code 39083-

Purpose of Disbursement
DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4174
Date of Disbursement 10 / 29 / 2004

Amount of Each Disbursement this Period
252.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

B. Full Name (Last, First, Middle Initial)
Ms. Sharlet Collins

Mailing Address 1029 Hansen Street

City Hazlehurst | State MS | Zip Code 39083-

Purpose of Disbursement
SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4172
Date of Disbursement 10 / 29 / 2004

Amount of Each Disbursement this Period
1810.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: SALARIES

C. Full Name (Last, First, Middle Initial)
Ms. Sharlet Collins

Mailing Address 1029 Hansen Street

City Hazlehurst | State MS | Zip Code 39083-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4173
Date of Disbursement 10 / 29 / 2004

Amount of Each Disbursement this Period
260.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
ConFish, Inc.

Mailing Address P.O. Box 271

City: Isola | State: MS | Zip Code: 38754-

Purpose of Disbursement: FOOD FOR RALLY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4249
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 160.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FOOD FOR RALLY

B. Full Name (Last, First, Middle Initial)
ConFish, Inc.

Mailing Address P.O. Box 271

City: Isola | State: MS | Zip Code: 38754-

Purpose of Disbursement: FOOD

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4294
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 856.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FOOD

C. Full Name (Last, First, Middle Initial)
Robert Cotton

Mailing Address Rt. 1 Box 49B

City: Sallis | State: MS | Zip Code: 39160-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4035
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1175.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **2191.50**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Robert Cotton
Mailing Address Rt. 1 Box 49B
City: Sallis | State: MS | Zip Code: 39160-
Purpose of Disbursement: CANVASSING
Candidate Name
Category/ Type
Office Sought: House / Senate / President
District
State:
Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E409D
Date of Disbursement: 10 / 23 / 2004
Amount of Each Disbursement this Period: 425.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CANVASSING

B.
Full Name (Last, First, Middle Initial)
Robert Cotton
Mailing Address Rt. 1 Box 49B
City: Sallis | State: MS | Zip Code: 39160-
Purpose of Disbursement: SEE BELOW
Candidate Name
Category/ Type
Office Sought: House / Senate / President
District
State:
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4155
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 1450.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Robert Cotton
Mailing Address Rt. 1 Box 49B
City: Sallis | State: MS | Zip Code: 39160-
Purpose of Disbursement: TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
District
State:
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4158
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 500.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **1875.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Robert Cotton
Mailing Address Rt. 1 Box 49B
City: Sallis | State: MS | Zip Code: 39160-
Purpose of Disbursement: SALARIES
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4156
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 850.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: SALARIES

B.
Full Name (Last, First, Middle Initial)
Robert Cotton
Mailing Address Rt. 1 Box 49B
City: Sallis | State: MS | Zip Code: 39160-
Purpose of Disbursement: DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4157
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 100.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

C.
Full Name (Last, First, Middle Initial)
Mr. Larry Cozart
Mailing Address P.O. Box 271
City: Lambert | State: MS | Zip Code: 38643-
Purpose of Disbursement: SEE BELOW
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 102220040E4064
Date of Disbursement: 10 / 21 / 2004
Amount of Each Disbursement this Period: 300.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Larry Cozart

Mailing Address P.O. Box 271

City: Lambert | State: MS | Zip Code: 38643-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4065
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARY

B.
Full Name (Last, First, Middle Initial)
Mr. Larry Cozart

Mailing Address P.O. Box 271

City: Lambert | State: MS | Zip Code: 38643-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4066
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C.
Full Name (Last, First, Middle Initial)
Mr. Larry Cozart

Mailing Address P.O. Box 271

City: Lambert | State: MS | Zip Code: 38643-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4137
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Larry Cozart

Mailing Address P.O. Box 271

City: Lambert | State: MS | Zip Code: 38643-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4139
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B.
Full Name (Last, First, Middle Initial)
Mr. Larry Cozart

Mailing Address P.O. Box 271

City: Lambert | State: MS | Zip Code: 38643-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4138
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARY

C.
Full Name (Last, First, Middle Initial)
Mr. Johnnie Daniels

Mailing Address 641 Nakoma Dr.

City: Jackson | State: MS | Zip Code: 39206-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4310
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 641.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **641.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Johnnie Daniels

Mailing Address 641 Nakoma Dr.

City: Jackson | State: MS | Zip Code: 39206-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4313
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 32.51

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

B. Full Name (Last, First, Middle Initial)
Ms. Catherine Davis

Mailing Address 1108 Wilson Lane

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4042
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 730.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Ms. Catherine Davis

Mailing Address 1108 Wilson Lane

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4097
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 730.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **1492.51**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Catherine Davis

Mailing Address 1108 Wilson Lane

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4181
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2134.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B. Full Name (Last, First, Middle Initial)
Ms. Catherine Davis

Mailing Address 1108 Wilson Lane

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4184
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 204.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

C. Full Name (Last, First, Middle Initial)
Ms. Catherine Davis

Mailing Address 1108 Wilson Lane

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4182
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1580.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2134.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Catherine Davis

Mailing Address 1108 Wilson Lane

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4183
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 350.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B. Full Name (Last, First, Middle Initial)
Frank Davis

Mailing Address Rt. 1 Box 116

City: Hornanville | State: MS | Zip Code: 39086-

Purpose of Disbursement: VOTER RALLY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10182D0414E40D4
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

VOTER RALLY

C. Full Name (Last, First, Middle Initial)
Ms. Temeka Davis

Mailing Address 4444 St. Thomas Rd.

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102220040E4076
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **550.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Ms. Temeka Davis

Mailing Address 4444 St. Thomas Rd.

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4149
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

B.
Full Name (Last, First, Middle Initial)
Ms. Temeka Davis

Mailing Address 4444 St. Thomas Rd.

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4293
Date of Disbursement: 11 / 05 / 2004

Amount of Each Disbursement this Period: 250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

C.
Full Name (Last, First, Middle Initial)
Diversified Computer Solutions

Mailing Address 2188 Monaco Street

City: Jackson | State: MS | Zip Code: 39204-

Purpose of Disbursement: COMPUTER REPAIR

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1018200414E4002
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 275.91

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

COMPUTER REPAIR

SUBTOTAL of Disbursements This Page (optional) ▶ **775.91**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Eaves Advertising, Inc.

Mailing Address 121 North State St.

City: Jackson | State: MS | Zip Code: 39201-

Purpose of Disbursement: T.V. SPOTS

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4113
Date of Disbursement: 10 / 25 / 2004

Amount of Each Disbursement this Period: 65000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

T.V. SPOTS

B. Full Name (Last, First, Middle Initial)
Entergy

Mailing Address P.O. Box 61825

City: New Orleans | State: LA | Zip Code: 70161-

Purpose of Disbursement: UTILITIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10192D0423E4032
Date of Disbursement: 10 / 18 / 2004

Amount of Each Disbursement this Period: 239.29

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

C. Full Name (Last, First, Middle Initial)
Entergy

Mailing Address P.O. Box 61825

City: New Orleans | State: LA | Zip Code: 70161-

Purpose of Disbursement: UTILITIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4284
Date of Disbursement: 11 / 04 / 2004

Amount of Each Disbursement this Period: 494.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶ **65734.25**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Entergy

Mailing Address P.O. Box 61825

City: New Orleans | State: LA | Zip Code: 70161-

Purpose of Disbursement: UTILITIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4299
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 159.42

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

B. Full Name (Last, First, Middle Initial)
Entergy

Mailing Address P.O. Box 61825

City: New Orleans | State: LA | Zip Code: 70161-

Purpose of Disbursement: UTILITIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4297
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 135.48

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

C. Full Name (Last, First, Middle Initial)
Entergy

Mailing Address P.O. Box 61825

City: New Orleans | State: LA | Zip Code: 70161-

Purpose of Disbursement: UTILITES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4298
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 97.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITES

SUBTOTAL of Disbursements This Page (optional) ▶ **392.25**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 94515

City: Palatine | State: IL | Zip Code: 60094-4515

Purpose of Disbursement: OVERNIGHT DELIVERY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4296
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 259.07

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OVERNIGHT DELIVERY

B. Full Name (Last, First, Middle Initial)
Fernandez Creative Services

Mailing Address 200 Commerce/Suite B

City: Jackson | State: MS | Zip Code: 39205-

Purpose of Disbursement: RADIO SPOT PRODUCTION

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4120
Date of Disbursement: 10 / 26 / 2004

Amount of Each Disbursement this Period: 374.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT PRODUCTION

C. Full Name (Last, First, Middle Initial)
Fernandez Creative Services

Mailing Address 200 Commerce/Suite B

City: Jackson | State: MS | Zip Code: 39205-

Purpose of Disbursement: RADIO SPOT PRODUCTION

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4279
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 275.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT PRODUCTION

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **908.07**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Flowers & Frames By Will, Inc.

Mailing Address P.O. Box 3036

City Jackson | State MS | Zip Code 39207-

Purpose of Disbursement
FLORAL ARRANGEMENT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4247
Date of Disbursement 10 / 29 / 2004

Amount of Each Disbursement this Period
80.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FLORAL ARRANGEMENT

B. Full Name (Last, First, Middle Initial)
Mr. Stephen Gavin

Mailing Address P.O. Box 351

City Tougaloo | State MS | Zip Code 39174-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4273
Date of Disbursement 11 / 01 / 2004

Amount of Each Disbursement this Period
76.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Ms. Trina George

Mailing Address P.O. Box 776

City North Carrollton | State MS | Zip Code 38947-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4288
Date of Disbursement 11 / 04 / 2004

Amount of Each Disbursement this Period
102.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **259.53**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Global Crossing Conferencing

Mailing Address Dept. 518

City: Denver | State: CO | Zip Code: 80291-0518

Purpose of Disbursement: CONFERENCING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4275
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 162.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CONFERENCING

B. Full Name (Last, First, Middle Initial)
Ms. Pamela Graves

Mailing Address 1129 Walton Circle

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: PRINTING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1019200423E4025
Date of Disbursement: 10 / 18 / 2004

Amount of Each Disbursement this Period: 1865.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

C. Full Name (Last, First, Middle Initial)
Ms. Pamela Graves

Mailing Address 1129 Walton Circle

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: PRINTING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4034
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 2180.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶ **4207.13**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Graves

Mailing Address 1129 Walton Circle

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: PRINTING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4134
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 1060.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

B. Full Name (Last, First, Middle Initial)
Robert Grayson

Mailing Address P.O. Box 225

City: Tutwiler | State: MS | Zip Code: 38963-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4055
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Robert Grayson

Mailing Address P.O. Box 225

City: Tutwiler | State: MS | Zip Code: 38963-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4108
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 1600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **3660.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Robert Grayson
Mailing Address P.O. Box 225
City Tutwiler | State MS | Zip Code 38963-
Purpose of Disbursement
REIMBURSEMENT OF TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4250
Date of Disbursement 10 / 29 / 2004
Amount of Each Disbursement this Period 225.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
REIMBURSEMENT OF TRAVEL EXPENSE

B.
Full Name (Last, First, Middle Initial)
Robert Grayson
Mailing Address P.O. Box 225
City Tutwiler | State MS | Zip Code 38963-
Purpose of Disbursement
SEE BELOW
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4230
Date of Disbursement 10 / 29 / 2004
Amount of Each Disbursement this Period 2397.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Robert Grayson
Mailing Address P.O. Box 225
City Tutwiler | State MS | Zip Code 38963-
Purpose of Disbursement
DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4233
Date of Disbursement 10 / 29 / 2004
Amount of Each Disbursement this Period 252.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **2622.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Robert Grayson

Mailing Address P.O. Box 225

City: Tutwiler | State: MS | Zip Code: 38963-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4231
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1950.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

B. Full Name (Last, First, Middle Initial)
Robert Grayson

Mailing Address P.O. Box 225

City: Tutwiler | State: MS | Zip Code: 38963-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4232
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 195.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Mr. Willie Gregory

Mailing Address P.O. Box 221

City: Clarksdale | State: MS | Zip Code: 38614-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4039
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1360.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **1360.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Willie Gregory

Mailing Address P.O. Box 221

City: Clarksdale | State: MS | Zip Code: 38614-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4094
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 1360.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

B.
Full Name (Last, First, Middle Initial)
Mr. Willie Gregory

Mailing Address P.O. Box 221

City: Clarksdale | State: MS | Zip Code: 38614-

Purpose of Disbursement: ELECTION DAY CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4277
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 1250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ELECTION DAY CANVASSING

C.
Full Name (Last, First, Middle Initial)
Mr. Willie Gregory

Mailing Address P.O. Box 221

City: Clarksdale | State: MS | Zip Code: 38614-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4271
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 2144.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **4754.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Willie Gregory

Mailing Address P.O. Box 221

City: Clarksdale | State: MS | Zip Code: 38614-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4340
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 144.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

B.
Full Name (Last, First, Middle Initial)
Mr. Willie Gregory

Mailing Address P.O. Box 221

City: Clarksdale | State: MS | Zip Code: 38614-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4339
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

C.
Full Name (Last, First, Middle Initial)
Mr. Willie Gregory

Mailing Address P.O. Box 221

City: Clarksdale | State: MS | Zip Code: 38614-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4321
Date of Disbursement: 11 / 19 / 2004

Amount of Each Disbursement this Period: 1230.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **1230.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Willie Gregory
Mailing Address P.O. Box 221
City Clarksdale State MS Zip Code 38614-
Purpose of Disbursement: DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4342
Date of Disbursement: 11 / 19 / 2004
Amount of Each Disbursement this Period: 230.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

B.
Full Name (Last, First, Middle Initial)
Mr. Willie Gregory
Mailing Address P.O. Box 221
City Clarksdale State MS Zip Code 38614-
Purpose of Disbursement: SALARIES
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4341
Date of Disbursement: 11 / 19 / 2004
Amount of Each Disbursement this Period: 1000.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: SALARIES

C.
Full Name (Last, First, Middle Initial)
Mr. Willie Gregory
Mailing Address P.O. Box 221
City Clarksdale State MS Zip Code 38614-
Purpose of Disbursement: UTILITIES
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4329
Date of Disbursement: 11 / 19 / 2004
Amount of Each Disbursement this Period: 454.34
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶ **454.34**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Charlie Horhn

Mailing Address 4642 Norway Dr.

City: Jackson | State: MS | Zip Code: 39206-3356

Purpose of Disbursement: BULL HORNS

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4289
Date of Disbursement: 11 / 04 / 2004

Amount of Each Disbursement this Period: 187.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

BULL HORNS

B. Full Name (Last, First, Middle Initial)
Mr. Robert Hubbard

Mailing Address 102 Robinson St.

City: Vicksburg | State: MS | Zip Code: 39180-

Purpose of Disbursement: REIMBURSEMENT OF EXPENSES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4300
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 103.86

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT OF EXPENSES

C. Full Name (Last, First, Middle Initial)
Ms. Helen Hunter

Mailing Address 6872 Stampley Rd.

City: Fayette | State: MS | Zip Code: 39069-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4047
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 945.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **1236.11**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Helen Hunter

Mailing Address 6672 Stampley Rd.

City: Fayette | State: MS | Zip Code: 39069-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4101
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 595.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

B. Full Name (Last, First, Middle Initial)
Ms. Helen Hunter

Mailing Address 6672 Stampley Rd.

City: Fayette | State: MS | Zip Code: 39069-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4197
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1927.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

C. Full Name (Last, First, Middle Initial)
Ms. Helen Hunter

Mailing Address 6672 Stampley Rd.

City: Fayette | State: MS | Zip Code: 39069-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4200
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 222.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **2522.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Ms. Helen Hunter

Mailing Address 6672 Stampley Rd.

City: Fayette | State: MS | Zip Code: 39069-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4198
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1315.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

B.
Full Name (Last, First, Middle Initial)
Ms. Helen Hunter

Mailing Address 6672 Stampley Rd.

City: Fayette | State: MS | Zip Code: 39069-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4199
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 390.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C.
Full Name (Last, First, Middle Initial)
ICBC Broadcast Holdings, Inc.

Mailing Address 731 S. Pear Orchard Road

City: Ridgeland | State: MS | Zip Code: 39157-

Purpose of Disbursement: RADIO

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 1018200414E4018
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 13625.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO

SUBTOTAL of Disbursements This Page (optional) ▶ **13625.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
ICBC Broadcast Holdings, Inc.

Mailing Address 731 S. Pear Orchard Road

City: Ridgeland | State: MS | Zip Code: 39157-

Purpose of Disbursement: LIVE REMOTE

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4079
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LIVE REMOTE

B. Full Name (Last, First, Middle Initial)
ICBC Broadcast Holdings, Inc.

Mailing Address 731 S. Pear Orchard Road

City: Ridgeland | State: MS | Zip Code: 39157-

Purpose of Disbursement: RADIO

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E407B
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 1600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO

C. Full Name (Last, First, Middle Initial)
Jackson-Hinds MVSU Alumni Chapter

Mailing Address P.O. Box 9868

City: Jackson | State: MS | Zip Code: 39286-

Purpose of Disbursement: BANQUET TICKETS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4133
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

BANQUET TICKETS

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4300.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Charles Johnson

Mailing Address P.O. Box 485

City: Raymond | State: MS | Zip Code: 39154-

Purpose of Disbursement: VOTER RALLY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4259
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

VOTER RALLY

B.
Full Name (Last, First, Middle Initial)
Mr. Charles Johnson

Mailing Address P.O. Box 485

City: Raymond | State: MS | Zip Code: 39154-

Purpose of Disbursement: ENTERTAINMENT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4281
Date of Disbursement: 11 / 02 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ENTERTAINMENT

C.
Full Name (Last, First, Middle Initial)
David Jordan

Mailing Address P.O. Box 8173

City: Greenwood | State: MS | Zip Code: 38935-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4049
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 850.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **1250.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
David Jordan
Mailing Address P.O. Box 8173
City Greenwood
State MS
Zip Code 38935-
Purpose of Disbursement
CANVASSING
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4102
Date of Disbursement 10 / 23 / 2004
Amount of Each Disbursement this Period 850.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CANVASSING

B.
Full Name (Last, First, Middle Initial)
David Jordan
Mailing Address P.O. Box 8173
City Greenwood
State MS
Zip Code 38935-
Purpose of Disbursement
SEE BELOW
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4205
Date of Disbursement 10 / 29 / 2004
Amount of Each Disbursement this Period 6565.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SEE BELOW

C.
Full Name (Last, First, Middle Initial)
David Jordan
Mailing Address P.O. Box 8173
City Greenwood
State MS
Zip Code 38935-
Purpose of Disbursement
TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4207
Date of Disbursement 10 / 29 / 2004
Amount of Each Disbursement this Period 1175.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **7415.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
David Jordan
Mailing Address P.O. Box 8173
City Greenwood State MS Zip Code 38935-
Purpose of Disbursement
SALARIES
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4206
Date of Disbursement 10 / 29 / 2004
Amount of Each Disbursement this Period
5180.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: SALARIES

B.
Full Name (Last, First, Middle Initial)
David Jordan
Mailing Address P.O. Box 8173
City Greenwood State MS Zip Code 38935-
Purpose of Disbursement
DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4206
Date of Disbursement 10 / 29 / 2004
Amount of Each Disbursement this Period
210.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

C.
Full Name (Last, First, Middle Initial)
LDs Kitchen
Mailing Address 1111 Mulberry Street
City Vicksburg State MS Zip Code 39183-
Purpose of Disbursement
FUNDRAISING EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200425E4119
Date of Disbursement 10 / 26 / 2004
Amount of Each Disbursement this Period
325.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **325.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Lynn Bullock Productions

Mailing Address 905 Keyway Drive, Bldg. B. Suite D

City: Jackson | State: MS | Zip Code: 39232-

Purpose of Disbursement: T.V. SPOT PRODUCTION

Candidate Name

Category/ Type

Office Sought: House / Senate / President | State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4116
Date of Disbursement: 10 / 25 / 2004

Amount of Each Disbursement this Period: 6895.61

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

T.V. SPOT PRODUCTION

B. Full Name (Last, First, Middle Initial)
Mr. Rufus McClain

Mailing Address 1126 Wiggs Road

City: Marks | State: MS | Zip Code: 38646-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President | State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4052
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Mr. Rufus McClain

Mailing Address 1126 Wiggs Road

City: Marks | State: MS | Zip Code: 38646-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President | State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4105
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ 9895.61

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Rufus McClain

Mailing Address 1126 Wiggs Road

City: Marks | State: MS | Zip Code: 38646-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4218
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2877.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B.
Full Name (Last, First, Middle Initial)
Mr. Rufus McClain

Mailing Address 1126 Wiggs Road

City: Marks | State: MS | Zip Code: 38646-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4221
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 192.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

C.
Full Name (Last, First, Middle Initial)
Mr. Rufus McClain

Mailing Address 1126 Wiggs Road

City: Marks | State: MS | Zip Code: 38646-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4219
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1830.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

SUBTOTAL of Disbursements This Page (optional) ▶ **2877.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Rufus McClain

Mailing Address 1128 Wiggs Road

City: Marks | State: MS | Zip Code: 38646-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4220
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 855.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B. Full Name (Last, First, Middle Initial)
MCI

Mailing Address P.O. Box 96022

City: Charlotte | State: NC | Zip Code: 28296-0022

Purpose of Disbursement: LONG DISTANCE SERVICE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10192D0423E4030
Date of Disbursement: 10 / 18 / 2004

Amount of Each Disbursement this Period: 54.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LONG DISTANCE SERVICE

C. Full Name (Last, First, Middle Initial)
MCI

Mailing Address P.O. Box 96022

City: Charlotte | State: NC | Zip Code: 28296-0022

Purpose of Disbursement: LONG DISTANCE SERVICE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4322
Date of Disbursement: 11 / 19 / 2004

Amount of Each Disbursement this Period: 156.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LONG DISTANCE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶ **210.35**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
MS Valley Gas Company

Mailing Address P.O. Box 9001949

City: Louisville | State: KY | Zip Code: 40290-1949

Purpose of Disbursement: UTILITIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4136
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 27.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

UTILITIES

B. Full Name (Last, First, Middle Initial)
Mr. Henry Nickson, Jr.

Mailing Address P.O. Box 334

City: Tunica | State: MS | Zip Code: 38676-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4057
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1020.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Mr. Henry Nickson, Jr.

Mailing Address P.O. Box 334

City: Tunica | State: MS | Zip Code: 38676-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4109
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **1847.78**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Henry Nickson, Jr.

Mailing Address P.O. Box 334

City: Tunica | State: MS | Zip Code: 38676-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4234
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2309.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B.
Full Name (Last, First, Middle Initial)
Mr. Henry Nickson, Jr.

Mailing Address P.O. Box 334

City: Tunica | State: MS | Zip Code: 38676-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4237
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 234.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

C.
Full Name (Last, First, Middle Initial)
Mr. Henry Nickson, Jr.

Mailing Address P.O. Box 334

City: Tunica | State: MS | Zip Code: 38676-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4235
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1780.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

SUBTOTAL of Disbursements This Page (optional) ▶ **2309.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Henry Nickson, Jr.

Mailing Address P.O. Box 334

City: Tunica | State: MS | Zip Code: 38676-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4236
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 295.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B. Full Name (Last, First, Middle Initial)
Mr. Henry Nickson, Jr.

Mailing Address P.O. Box 334

City: Tunica | State: MS | Zip Code: 38676-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4304
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 565.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARIES

C. Full Name (Last, First, Middle Initial)
Office Depot Credit Plan

Mailing Address P.O. Box 9020

City: Des Moines | State: IA | Zip Code: 50368-9020

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4301
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 243.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶ **808.36**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Henry Phillips

Mailing Address 102 Eastover Dr.

City: Cleveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: VOTER RALLY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10182D0414E40D5
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1268.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

VOTER RALLY

B. Full Name (Last, First, Middle Initial)
Mr. Henry Phillips

Mailing Address 102 Eastover Dr.

City: Cleveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4036
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1275.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Mr. Henry Phillips

Mailing Address 102 Eastover Dr.

City: Cleveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4091
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 1275.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **3818.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Henry Phillips
Mailing Address 102 Eastover Dr.
City: Cleveland | State: MS | Zip Code: 38732-
Purpose of Disbursement: SEE BELOW
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4159
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 3065.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SEE BELOW

B.
Full Name (Last, First, Middle Initial)
Mr. Henry Phillips
Mailing Address 102 Eastover Dr.
City: Cleveland | State: MS | Zip Code: 38732-
Purpose of Disbursement: TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4161
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 720.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C.
Full Name (Last, First, Middle Initial)
Mr. Henry Phillips
Mailing Address 102 Eastover Dr.
City: Cleveland | State: MS | Zip Code: 38732-
Purpose of Disbursement: DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4162
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 360.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **3065.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Henry Phillips

Mailing Address 102 Eastover Dr.

City: Cleveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4160
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1985.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

B. Full Name (Last, First, Middle Initial)
Mr. Henry Phillips

Mailing Address 102 Eastover Dr.

City: Cleveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4280
Date of Disbursement: 10 / 30 / 2004

Amount of Each Disbursement this Period: 115.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARIES

C. Full Name (Last, First, Middle Initial)
Mr. Henry Phillips

Mailing Address 102 Eastover Dr.

City: Cleveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: VOTER RALLY FOOD

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4280
Date of Disbursement: 11 / 02 / 2004

Amount of Each Disbursement this Period: 1700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

VOTER RALLY FOOD

SUBTOTAL of Disbursements This Page (optional) ▶ **1815.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Al Rankins

Mailing Address 1032 Meadow Dr.

City: Greenville | State: MS | Zip Code: 38703-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4251
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 6653.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B. Full Name (Last, First, Middle Initial)
Mr. Al Rankins

Mailing Address 1032 Meadow Dr.

City: Greenville | State: MS | Zip Code: 38703-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4253
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1040.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Mr. Al Rankins

Mailing Address 1032 Meadow Dr.

City: Greenville | State: MS | Zip Code: 38703-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4252
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 4875.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

SUBTOTAL of Disbursements This Page (optional) ▶ **6653.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Al Rankins

Mailing Address 1032 Meadow Dr.

City: Greenville | State: MS | Zip Code: 38703-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4254
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 738.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

B. Full Name (Last, First, Middle Initial)
Raymond High School

Mailing Address 14050 Highway 18

City: Raymond | State: MS | Zip Code: 39154-

Purpose of Disbursement: AD

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4327
Date of Disbursement: 11 / 19 / 2004

Amount of Each Disbursement this Period: 105.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AD

C. Full Name (Last, First, Middle Initial)
Ms. Melinda Ricks

Mailing Address P.O. Box 76

City: Inverness | State: MS | Zip Code: 38753-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102220040E4067
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **405.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Melinda Ricks

Mailing Address P.O. Box 76

City: Inverness | State: MS | Zip Code: 38753-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4069
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B. Full Name (Last, First, Middle Initial)
Ms. Melinda Ricks

Mailing Address P.O. Box 76

City: Inverness | State: MS | Zip Code: 38753-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4068
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARY

C. Full Name (Last, First, Middle Initial)
Ms. Melinda Ricks

Mailing Address P.O. Box 76

City: Inverness | State: MS | Zip Code: 38753-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4140
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **300.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Melinda Ricks

Mailing Address P.O. Box 76

City: Inverness | State: MS | Zip Code: 38753-

Purpose of Disbursement: TRAVLE EXPENSE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 10282D0422E4142
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVLE EXPENSE

B. Full Name (Last, First, Middle Initial)
Ms. Melinda Ricks

Mailing Address P.O. Box 76

City: Inverness | State: MS | Zip Code: 38753-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 10282D0422E4141
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARY

C. Full Name (Last, First, Middle Initial)
Lindsey Roberts

Mailing Address P.O. Box 270

City: Winona | State: MS | Zip Code: 38967-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 1021200435E4051
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **800.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Lindsey Roberts
Mailing Address P.O. Box 270
City Winona | State MS | Zip Code 38967-
Purpose of Disbursement: CANVASSING
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4104
Date of Disbursement: 10 / 23 / 2004
Amount of Each Disbursement this Period: 800.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CANVASSING

B.
Full Name (Last, First, Middle Initial)
Lindsey Roberts
Mailing Address P.O. Box 270
City Winona | State MS | Zip Code 38967-
Purpose of Disbursement: SEE BELOW
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4213
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 1898.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Lindsey Roberts
Mailing Address P.O. Box 270
City Winona | State MS | Zip Code 38967-
Purpose of Disbursement: DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4216
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 228.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **2698.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Lindsey Roberts

Mailing Address P.O. Box 270

City: Winona | State: MS | Zip Code: 38967-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4214
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1410.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

B. Full Name (Last, First, Middle Initial)
Lindsey Roberts

Mailing Address P.O. Box 270

City: Winona | State: MS | Zip Code: 38967-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4215
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 260.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Willie Earl Robinson

Mailing Address P.O. Box 533

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: VICTORY PARTY

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 1029200422E4152
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

VICTORY PARTY

SUBTOTAL of Disbursements This Page (optional) ▶ **800.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Juanita Scott
Mailing Address 803 Oak St
City Indianola
State MS
Zip Code 38751-3625
Purpose of Disbursement
CANVASSING
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4054
Date of Disbursement 10 / 20 / 2004
Amount of Each Disbursement this Period 2837.50
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CANVASSING

B.
Full Name (Last, First, Middle Initial)
Juanita Scott
Mailing Address 803 Oak St
City Indianola
State MS
Zip Code 38751-3625
Purpose of Disbursement
CANVASSING
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4087
Date of Disbursement 10 / 21 / 2004
Amount of Each Disbursement this Period 280.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CANVASSING

C.
Full Name (Last, First, Middle Initial)
Juanita Scott
Mailing Address 803 Oak St
City Indianola
State MS
Zip Code 38751-3625
Purpose of Disbursement
CANVASSING
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4107
Date of Disbursement 10 / 23 / 2004
Amount of Each Disbursement this Period 1400.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **4517.50**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Juanita Scott
Mailing Address 803 Oak St
City Indianola
State MS
Zip Code 38751-3625
Purpose of Disbursement
CANVASSING
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4129
Date of Disbursement 10 / 28 / 2004
Amount of Each Disbursement this Period 280.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CANVASSING

B.
Full Name (Last, First, Middle Initial)
Juanita Scott
Mailing Address 803 Oak St
City Indianola
State MS
Zip Code 38751-3625
Purpose of Disbursement
SEE BELOW
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4226
Date of Disbursement 10 / 29 / 2004
Amount of Each Disbursement this Period 3095.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Juanita Scott
Mailing Address 803 Oak St
City Indianola
State MS
Zip Code 38751-3625
Purpose of Disbursement
DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4229
Date of Disbursement 10 / 29 / 2004
Amount of Each Disbursement this Period 360.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **3375.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Juanita Scott

Mailing Address 803 Oak St

City: Indianola | State: MS | Zip Code: 38751-3625

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President | State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4227
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2410.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

B. Full Name (Last, First, Middle Initial)
Juanita Scott

Mailing Address 803 Oak St

City: Indianola | State: MS | Zip Code: 38751-3625

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President | State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4228
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 325.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Juanita Scott

Mailing Address 803 Oak St

City: Indianola | State: MS | Zip Code: 38751-3625

Purpose of Disbursement: ELECTION DAY CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President | State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4270
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 325.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ELECTION DAY CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **325.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Clarence E. Scutter

Mailing Address 511 Greenwood Street

City: Port Gibson | State: MS | Zip Code: 39150-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4038
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1355.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

B. Full Name (Last, First, Middle Initial)
Mr. Clarence E. Scutter

Mailing Address 511 Greenwood Street

City: Port Gibson | State: MS | Zip Code: 39150-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4093
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 1365.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Mr. Clarence E. Scutter

Mailing Address 511 Greenwood Street

City: Port Gibson | State: MS | Zip Code: 39150-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4167
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2115.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **4835.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Clarence E. Scutter

Mailing Address 511 Greenwood Street

City: Port Gibson | State: MS | Zip Code: 39150-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4170
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 405.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

B.
Full Name (Last, First, Middle Initial)
Mr. Clarence E. Scutter

Mailing Address 511 Greenwood Street

City: Port Gibson | State: MS | Zip Code: 39150-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4168
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1410.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

C.
Full Name (Last, First, Middle Initial)
Mr. Clarence E. Scutter

Mailing Address 511 Greenwood Street

City: Port Gibson | State: MS | Zip Code: 39150-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4169
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Clarence E. Scutter

Mailing Address 511 Greenwood Street

City: Port Gibson | State: MS | Zip Code: 39150-

Purpose of Disbursement: ELECTION DAY CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4269
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 307.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ELECTION DAY CANVASSING

B. Full Name (Last, First, Middle Initial)
Ms. Linda Williams Short

Mailing Address P.O. Box 283

City: Mayersville | State: MS | Zip Code: 39113-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4046
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 350.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Ms. Linda Williams Short

Mailing Address P.O. Box 283

City: Mayersville | State: MS | Zip Code: 39113-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4100
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 350.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **1007.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Linda Williams Short

Mailing Address P.O. Box 293

City: Mayersville | State: MS | Zip Code: 39113-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4193
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 662.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B. Full Name (Last, First, Middle Initial)
Ms. Linda Williams Short

Mailing Address P.O. Box 293

City: Mayersville | State: MS | Zip Code: 39113-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4195
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 65.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Ms. Linda Williams Short

Mailing Address P.O. Box 293

City: Mayersville | State: MS | Zip Code: 39113-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4194
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

SUBTOTAL of Disbursements This Page (optional) ▶ **662.50**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Linda Williams Short

Mailing Address P.O. Box 293

City: Mayersville | State: MS | Zip Code: 39113-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4196
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 97.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

B. Full Name (Last, First, Middle Initial)
Mr. Elmus Stockstill

Mailing Address P.O. Box 189

City: Itta Bena | State: MS | Zip Code: 38941-

Purpose of Disbursement: GOTV RALLY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4150
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

GOTV RALLY

C. Full Name (Last, First, Middle Initial)
Mr. Elmus Stockstill

Mailing Address P.O. Box 189

City: Itta Bena | State: MS | Zip Code: 38941-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4903
Date of Disbursement: 11 / 12 / 2004

Amount of Each Disbursement this Period: 136.08

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **636.08**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Rufus E. Straughter

Mailing Address 120 Van Buren St.

City: Belzoni | State: MS | Zip Code: 39038-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4045
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 655.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

B.
Full Name (Last, First, Middle Initial)
Mr. Rufus E. Straughter

Mailing Address 120 Van Buren St.

City: Belzoni | State: MS | Zip Code: 39038-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4099
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 655.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C.
Full Name (Last, First, Middle Initial)
Mr. Rufus E. Straughter

Mailing Address 120 Van Buren St.

City: Belzoni | State: MS | Zip Code: 39038-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4189
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1998.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **3308.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Rufus E. Straughter

Mailing Address 120 Van Buren St.

City: Belzoni | State: MS | Zip Code: 39038-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4192
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 228.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

B.
Full Name (Last, First, Middle Initial)
Mr. Rufus E. Straughter

Mailing Address 120 Van Buren St.

City: Belzoni | State: MS | Zip Code: 39038-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4190
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1445.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

C.
Full Name (Last, First, Middle Initial)
Mr. Rufus E. Straughter

Mailing Address 120 Van Buren St.

City: Belzoni | State: MS | Zip Code: 39038-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4191
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 325.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Telesouth Broadcasting

Mailing Address 3192 Browning Road

City: Greenwood | State: MS | Zip Code: 38935-

Purpose of Disbursement: RADIO SPOT

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10192D0423E4027
Date of Disbursement: 10 / 18 / 2004

Amount of Each Disbursement this Period: 582.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT

B. Full Name (Last, First, Middle Initial)
Terris, Barnes, Walters

Mailing Address 400 Montgomery St., Ste. 900

City: San Francisco | State: CA | Zip Code: 94104-

Purpose of Disbursement: MAILING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4117
Date of Disbursement: 10 / 25 / 2004

Amount of Each Disbursement this Period: 27922.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MAILING

C. Full Name (Last, First, Middle Initial)
The Image Specialist Co.

Mailing Address 323 Cotton Row

City: Cleveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4283
Date of Disbursement: 11 / 04 / 2004

Amount of Each Disbursement this Period: 240.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶ **28745.53**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
The New Times, Inc.

Mailing Address 1401 Main Street

City: Vicksburg | State: MS | Zip Code: 39180-

Purpose of Disbursement: AD

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10182D0414E3999
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 550.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AD

B. Full Name (Last, First, Middle Initial)
Juliet Thomas

Mailing Address 1457 Oakwood Dr. Apt. 16-N

City: Greenville | State: MS | Zip Code: 38701-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10182D0414E4000
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 108.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Juliet Thomas

Mailing Address 1457 Oakwood Dr. Apt. 16-N

City: Greenville | State: MS | Zip Code: 38701-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4124
Date of Disbursement: 10 / 26 / 2004

Amount of Each Disbursement this Period: 118.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **776.80**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Juliet Thomas
Mailing Address 1457 Oakwood Dr. Apt. 16-N
City Greenville | State MS | Zip Code 38701-
Purpose of Disbursement: TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4276
Date of Disbursement: 11 / 01 / 2004
Amount of Each Disbursement this Period: 104.40
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TRAVEL EXPENSE

B.
Full Name (Last, First, Middle Initial)
Juliet Thomas
Mailing Address 1457 Oakwood Dr. Apt. 16-N
City Greenville | State MS | Zip Code 38701-
Purpose of Disbursement: TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4291
Date of Disbursement: 11 / 04 / 2004
Amount of Each Disbursement this Period: 45.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TRAVEL EXPENSE

C.
Full Name (Last, First, Middle Initial)
Juliet Thomas
Mailing Address 1457 Oakwood Dr. Apt. 16-N
City Greenville | State MS | Zip Code 38701-
Purpose of Disbursement: TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4287
Date of Disbursement: 11 / 04 / 2004
Amount of Each Disbursement this Period: 109.80
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **259.20**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Bennie Thompson

Mailing Address 103 L.C. Turner Circle

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: REIMBURSEMENT-FUNDRAISING EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4266
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 1850.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT-FUNDRAISING EXPENSE

B. Full Name (Last, First, Middle Initial)
Fannie Tonth

Mailing Address 505 Fairways Dr.

City: Vicksburg | State: MS | Zip Code: 39180-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4058
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1120.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Fannie Tonth

Mailing Address 505 Fairways Dr.

City: Vicksburg | State: MS | Zip Code: 39180-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4110
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 1120.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **4090.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Fannie Tonth

Mailing Address 505 Fairways Dr.

City Vicksburg | State MS | Zip Code 39180-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4238
Date of Disbursement 10 / 29 / 2004

Amount of Each Disbursement this Period
2211.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B. Full Name (Last, First, Middle Initial)
Fannie Tonth

Mailing Address 505 Fairways Dr.

City Vicksburg | State MS | Zip Code 39180-

Purpose of Disbursement
SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4239
Date of Disbursement 10 / 29 / 2004

Amount of Each Disbursement this Period
1640.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

C. Full Name (Last, First, Middle Initial)
Fannie Tonth

Mailing Address 505 Fairways Dr.

City Vicksburg | State MS | Zip Code 39180-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4240
Date of Disbursement 10 / 29 / 2004

Amount of Each Disbursement this Period
325.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **2211.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Fannie Tonth

Mailing Address 505 Fairways Dr.

City: Vicksburg | State: MS | Zip Code: 39180-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4241
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 246.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

B. Full Name (Last, First, Middle Initial)
Trustmark National Bank

Mailing Address P.O. Box 291

City: Jackson | State: MS | Zip Code: 39205-0291

Purpose of Disbursement: SERVICE CHARGE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4331
Date of Disbursement: 10 / 31 / 2004

Amount of Each Disbursement this Period: 89.57

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SERVICE CHARGE

C. Full Name (Last, First, Middle Initial)
Trustmark National Bank

Mailing Address P.O. Box 291

City: Jackson | State: MS | Zip Code: 39205-0291

Purpose of Disbursement: SERVICE CHARGE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4330
Date of Disbursement: 10 / 31 / 2004

Amount of Each Disbursement this Period: 2.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional) ▶ **92.07**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Evelyn Turner
Mailing Address 512 Martin Luther King Jr. Drive
City: Yazoo City | State: MS | Zip Code: 39194-
Purpose of Disbursement: CANVASSING
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4060
Date of Disbursement: 10 / 20 / 2004
Amount of Each Disbursement this Period: 1360.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CANVASSING

B.
Full Name (Last, First, Middle Initial)
Evelyn Turner
Mailing Address 512 Martin Luther King Jr. Drive
City: Yazoo City | State: MS | Zip Code: 39194-
Purpose of Disbursement: CANVASSING
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4111
Date of Disbursement: 10 / 23 / 2004
Amount of Each Disbursement this Period: 1360.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
CANVASSING

C.
Full Name (Last, First, Middle Initial)
Evelyn Turner
Mailing Address 512 Martin Luther King Jr. Drive
City: Yazoo City | State: MS | Zip Code: 39194-
Purpose of Disbursement: SEE BELOW
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4242
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 2647.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **5367.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Evelyn Turner
Mailing Address 512 Martin Luther King Jr. Drive
City: Yazoo City | State: MS | Zip Code: 39194-
Purpose of Disbursement: TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4244
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 325.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B.
Full Name (Last, First, Middle Initial)
Evelyn Turner
Mailing Address 512 Martin Luther King Jr. Drive
City: Yazoo City | State: MS | Zip Code: 39194-
Purpose of Disbursement: DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4245
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 282.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

C.
Full Name (Last, First, Middle Initial)
Evelyn Turner
Mailing Address 512 Martin Luther King Jr. Drive
City: Yazoo City | State: MS | Zip Code: 39194-
Purpose of Disbursement: SALARIES
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4243
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 2040.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: SALARIES

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Hilda Turner

Mailing Address P.O. Box 2293

City: Ridgeland | State: MS | Zip Code: 39158-2293

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4077
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 2240.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

B. Full Name (Last, First, Middle Initial)
Hilda Turner

Mailing Address P.O. Box 2293

City: Ridgeland | State: MS | Zip Code: 39158-2293

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4285
Date of Disbursement: 11 / 04 / 2004

Amount of Each Disbursement this Period: 1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

C. Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address Madison Street

City: Bolton | State: MS | Zip Code: 39041-

Purpose of Disbursement: POSTAGE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1018200414E4003
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 555.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶ **4295.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address Madison Street

City Bolton | State MS | Zip Code 39041-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10192D0423E4026
Date of Disbursement 10 / 18 / 2004

Amount of Each Disbursement this Period
222.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

B. Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address Madison Street

City Bolton | State MS | Zip Code 39041-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0425E4118
Date of Disbursement 10 / 25 / 2004

Amount of Each Disbursement this Period
740.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

C. Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address Madison Street

City Bolton | State MS | Zip Code 39041-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4317
Date of Disbursement 11 / 17 / 2004

Amount of Each Disbursement this Period
185.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶ **1147.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Eldridge Walker

Mailing Address P.O. Box 275

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4053
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 585.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

B.
Full Name (Last, First, Middle Initial)
Mr. Eldridge Walker

Mailing Address P.O. Box 275

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10252D045E4106
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 585.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C.
Full Name (Last, First, Middle Initial)
Mr. Eldridge Walker

Mailing Address P.O. Box 275

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: REIMBURSEMENT OF EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4248
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 203.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT OF EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **1373.25**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Mr. Eldridge Walker

Mailing Address P.O. Box 275

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4222
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1948.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B.
Full Name (Last, First, Middle Initial)
Mr. Eldridge Walker

Mailing Address P.O. Box 275

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4223
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 1555.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

C.
Full Name (Last, First, Middle Initial)
Mr. Eldridge Walker

Mailing Address P.O. Box 275

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4224
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 195.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **1948.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Mr. Eldridge Walker

Mailing Address P.O. Box 275

City: Rolling Fork | State: MS | Zip Code: 39159-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4225
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 198.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

B. Full Name (Last, First, Middle Initial)
Stella D. Walker

Mailing Address 450 Fairfield Dr.

City: Jackson | State: MS | Zip Code: 39206-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1021200435E4041
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 5980.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Stella D. Walker

Mailing Address 450 Fairfield Dr.

City: Jackson | State: MS | Zip Code: 39206-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4096
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 5980.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **11960.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Stella D. Walker

Mailing Address 450 Fairfield Dr.

City: Jackson | State: MS | Zip Code: 39206-

Purpose of Disbursement: VOTER RALLY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4121
Date of Disbursement: 10 / 26 / 2004

Amount of Each Disbursement this Period: 775.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

VOTER RALLY

B.
Full Name (Last, First, Middle Initial)
Stella D. Walker

Mailing Address 450 Fairfield Dr.

City: Jackson | State: MS | Zip Code: 39206-

Purpose of Disbursement: ELECTION DAY ACTIVITIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4180
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 15313.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ELECTION DAY ACTIVITIES

C.
Full Name (Last, First, Middle Initial)
Stella D. Walker

Mailing Address 450 Fairfield Dr.

City: Jackson | State: MS | Zip Code: 39206-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4255
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 15813.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **31901.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Stella D. Walker
Mailing Address 450 Fairfield Dr.
City Jackson | State MS | Zip Code 39206-
Purpose of Disbursement: TRAVEL EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4257
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 1500.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B.
Full Name (Last, First, Middle Initial)
Stella D. Walker
Mailing Address 450 Fairfield Dr.
City Jackson | State MS | Zip Code 39206-
Purpose of Disbursement: SALARIES
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4256
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 12050.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: SALARIES

C.
Full Name (Last, First, Middle Initial)
Stella D. Walker
Mailing Address 450 Fairfield Dr.
City Jackson | State MS | Zip Code 39206-
Purpose of Disbursement: DINNER EXPENSE
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4258
Date of Disbursement: 10 / 29 / 2004
Amount of Each Disbursement this Period: 2263.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]
MEMO: DINNER EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Ms. Timla Washington

Mailing Address P.O. Box 872

City: Shaw | State: MS | Zip Code: 38773-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10182D0414E40D1
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 198.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

B.
Full Name (Last, First, Middle Initial)
Ms. Timla Washington

Mailing Address P.O. Box 872

City: Shaw | State: MS | Zip Code: 38773-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4125
Date of Disbursement: 10 / 26 / 2004

Amount of Each Disbursement this Period: 112.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

C.
Full Name (Last, First, Middle Initial)
Ms. Timla Washington

Mailing Address P.O. Box 872

City: Shaw | State: MS | Zip Code: 38773-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4292
Date of Disbursement: 11 / 04 / 2004

Amount of Each Disbursement this Period: 109.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **420.12**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Washington County Convention Center

Mailing Address 1040 South Raceway Road

City: Greenville | State: MS | Zip Code: 38703-

Purpose of Disbursement: FACILITIES RENT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4063
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 265.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FACILITIES RENT

B. Full Name (Last, First, Middle Initial)
WBAD

Mailing Address 126 Seven Oaks Rd.

City: Greenville | State: MS | Zip Code: 38701-

Purpose of Disbursement: RADIO SPOT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10182D0414E4019
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1140.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT

C. Full Name (Last, First, Middle Initial)
WBAD

Mailing Address 126 Seven Oaks Rd.

City: Greenville | State: MS | Zip Code: 38701-

Purpose of Disbursement: LIVE REMOTE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102220040E4080
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 575.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LIVE REMOTE

SUBTOTAL of Disbursements This Page (optional) ▶ **1980.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
WBAD

Mailing Address 126 Seven Oaks Rd.

City: Greenville | State: MS | Zip Code: 38701-

Purpose of Disbursement: RADIO SPOTS

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4081
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 228.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOTS

B. Full Name (Last, First, Middle Initial)
WCLD-FM

Mailing Address 911 South Davis Street

City: Cloveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: RADIO SPOT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1018200414E4021
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1620.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT

C. Full Name (Last, First, Middle Initial)
WCLD-FM

Mailing Address 911 South Davis Street

City: Cleveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: RADIO SPOTS

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102220040E4083
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 175.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOTS

SUBTOTAL of Disbursements This Page (optional) ▶ **2023.80**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
WCLD-FM

Mailing Address 911 South Davis Street

City: Cleveland | State: MS | Zip Code: 38732-

Purpose of Disbursement: LIVE REMOTE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4082
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 310.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LIVE REMOTE

B. Full Name (Last, First, Middle Initial)
WGNL Radio

Mailing Address P.O. Box 1801

City: Greenwood | State: MS | Zip Code: 38930-

Purpose of Disbursement: RADIO SPOT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1018Z0041 4E4020
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1912.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT

C. Full Name (Last, First, Middle Initial)
WGNL Radio

Mailing Address P.O. Box 1801

City: Greenwood | State: MS | Zip Code: 38930-

Purpose of Disbursement: LIVE REMOTE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102220040E4084
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 350.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LIVE REMOTE

SUBTOTAL of Disbursements This Page (optional) ▶ **2572.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
WGNL Radio

Mailing Address P.O. Box 1801

City: Greenwood | State: MS | Zip Code: 38930-

Purpose of Disbursement: RADIO SPOTS

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4085
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 392.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOTS

B. Full Name (Last, First, Middle Initial)
Patsie Williams

Mailing Address 5740 Newport Rd.

City: Pickens | State: MS | Zip Code: 39146-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10212D0435E4043
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1535.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

C. Full Name (Last, First, Middle Initial)
Patsie Williams

Mailing Address 5740 Newport Rd.

City: Pickens | State: MS | Zip Code: 39146-

Purpose of Disbursement: CANVASSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102520045E4098
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 935.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

SUBTOTAL of Disbursements This Page (optional) ▶ **2862.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Patsie Williams

Mailing Address 5740 Newport Rd.

City: Pickens | State: MS | Zip Code: 39146-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4185
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2897.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B. Full Name (Last, First, Middle Initial)
Patsie Williams

Mailing Address 5740 Newport Rd.

City: Pickens | State: MS | Zip Code: 39146-

Purpose of Disbursement: DINNER EXPENSE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4186
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 342.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DINNER EXPENSE

C. Full Name (Last, First, Middle Initial)
Patsie Williams

Mailing Address 5740 Newport Rd.

City: Pickens | State: MS | Zip Code: 39146-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: 41202.E4187
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 390.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2897.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Patsie Williams

Mailing Address 5740 Newport Rd.

City: Pickens | State: MS | Zip Code: 39146-

Purpose of Disbursement: SALARIES

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 41202.E4186
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 2165.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARIES

B. Full Name (Last, First, Middle Initial)
WMIS/WTYJ Radio

Mailing Address P.O. Box 1248
20 East Franklin Street

City: Natchez | State: MS | Zip Code: 39121-

Purpose of Disbursement: RADIO SPOT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1018200414E4022
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1331.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT

C. Full Name (Last, First, Middle Initial)
WNLA-AM/FM

Mailing Address Highway 448

City: Indianola | State: MS | Zip Code: 38751-

Purpose of Disbursement: RADIO SPOT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4128
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 525.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT

SUBTOTAL of Disbursements This Page (optional) ▶ **1856.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
WONG

Mailing Address 126 E. Sowell

City: Canton | State: MS | Zip Code: 39046-

Purpose of Disbursement: RADIO SPOT

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10182D0414E4024
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1258.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT

B.
Full Name (Last, First, Middle Initial)
Ms. Gwendolyn Woodson

Mailing Address 1105 Stonebridge

City: Grenada | State: MS | Zip Code: 38901-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102220040E407D
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Ms. Gwendolyn Woodson

Mailing Address 1105 Stonebridge

City: Grenada | State: MS | Zip Code: 38901-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 102220040E4071
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **1558.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Ms. Gwendolyn Woodson

Mailing Address 1105 Stonebridge

City: Grenada | State: MS | Zip Code: 38901-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10222D040E4072
Date of Disbursement: 10 / 21 / 2004

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B.
Full Name (Last, First, Middle Initial)
Ms. Gwendolyn Woodson

Mailing Address 1105 Stonebridge

City: Grenada | State: MS | Zip Code: 38901-

Purpose of Disbursement: SEE BELOW

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4143
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

C.
Full Name (Last, First, Middle Initial)
Ms. Gwendolyn Woodson

Mailing Address 1105 Stonebridge

City: Grenada | State: MS | Zip Code: 38901-

Purpose of Disbursement: TRAVEL EXPENSE

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1028200422E4145
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Ms. Gwendolyn Woodson

Mailing Address 1105 Stonebridge

City: Grenada | State: MS | Zip Code: 38901-

Purpose of Disbursement: SALARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10282D0422E4144
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: SALARY

B. Full Name (Last, First, Middle Initial)
WZRX

Mailing Address P.O. BOX 9734

City: Jackson | State: MS | Zip Code: 39286-

Purpose of Disbursement: RADIO SPOT

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1018200414E4017
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 4389.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT

C. Full Name (Last, First, Middle Initial)
Zoo-Bel Broadcasting, LLC

Mailing Address P.O. Box 130

City: Yazoo City | State: MS | Zip Code: 39194-

Purpose of Disbursement: RADIO SPOT

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 1018200414E4023
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 768.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RADIO SPOT

SUBTOTAL of Disbursements This Page (optional) ▶ **5157.00**

TOTAL This Period (last page this line number only) ▶ **334297.07**

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Allyson Schwartz For Congress

Mailing Address 8253 Bustleton Ave., Suite 102

City: Philadelphia | State: PA | Zip Code: 19152-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: ALLYSON SCHWARTZ

Category/ Type

Office Sought: X House / Senate / President
State: PA District: 13

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 10182D0414E4016
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Friends of Dave Ross

Mailing Address 12443 Bel Red Road, Suite 360

City: Bellevue | State: WA | Zip Code: 98005-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: DAVE ROSS

Category/ Type

Office Sought: X House / Senate / President
State: WA District: 08

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 10182D0414E4015
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
DCCC

Mailing Address 430 South Capitol St

City: Washington | State: DC | Zip Code: 20003-

Purpose of Disbursement: UNLIMITED TRANSFER-NATL PARTY COMM

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 41202.E4153
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 20000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **22000.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Driscoll For Congress

Mailing Address 701 W. Broad St., Suite 200

City: Bethlehem | State: PA | Zip Code: 18018-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: JOSEPHE DRISCOLL

Category/ Type

Office Sought: X House / Senate / President
State: PA District: 15

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 1018200414E4011
Date of Disbursement: 10 14 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Friends of Jon Jennings Committee

Mailing Address 201 NW 4th Street, #100

City: Evansville | State: IN | Zip Code: 47708-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: JONPAUL JENNINGS

Category/ Type

Office Sought: X House / Senate / President
State: IN District: 08

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 1018200414E4013
Date of Disbursement: 10 14 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Connealy 04

Mailing Address 643 S. 25th Street, Suite 3

City: Lincoln | State: NE | Zip Code: 68510-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: MATTHEWJAMES CONNEALY

Category/ Type

Office Sought: X House / Senate / President
State: NE District: 01

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 1018200414E4008
Date of Disbursement: 10 14 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Charlie Melancon Campaign Committee

Mailing Address 511 Congress Street

City: Napoleonville | State: LA | Zip Code: 70390-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: CHARLESJ MELANCON

Category/ Type

Office Sought: X House ☐ Senate ☐ President
State: LA District: 03

Disbursement For: X Primary ☐ General ☐ Other (specify)

Transaction ID: 41202.E4315
Date of Disbursement: 11 / 16 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Melissa Bean For Congress

Mailing Address 979 S. Rand Road

City: Lake Zurich | State: IL | Zip Code: 60047-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: MELISSAL BEAN

Category/ Type

Office Sought: X House ☐ Senate ☐ President
State: IL District: 08

Disbursement For: ☐ Primary X General ☐ Other (specify)

Transaction ID: 10182004 14E4007
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Willie Landry Mount For Congress

Mailing Address 1830 Ryan Street, Suite A

City: Lake Charles | State: LA | Zip Code: 70601-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: WILLIELANDRY MOUNT

Category/ Type

Office Sought: X House ☐ Senate ☐ President
State: LA District: 07

Disbursement For: X Primary ☐ General ☐ Other (specify)

Transaction ID: 41202.E4316
Date of Disbursement: 11 / 16 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 20a ☐ 20b ☐ 20c ☒ 21

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.
Full Name (Last, First, Middle Initial)
Clooney For Congress

Mailing Address 2073 Dixie Highway

City: Ft Mitchell | State: KY | Zip Code: 41017-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: NICK CLOONEY

Category/ Type

Office Sought: X House / Senate / President
State: KY District: 04

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 10182D0414E40D9
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Committee to Elect Patsy Keever

Mailing Address 115 Patton Avenue

City: Asheville | State: NC | Zip Code: 28801-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: PATRICIA KEEVER

Category/ Type

Office Sought: X House / Senate / President
State: NC District: 11

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 10182D0414E4014
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Stenholm For Congress Committee

Mailing Address P.O. Box 1032

City: Stamford | State: TX | Zip Code: 79553-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: CHARLIEW. STENHOLM

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 19

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 1021200435E4062
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Daly For Congress

Mailing Address 151 West Burnsville Parkway, Ste.

City: Burnsville | State: MN | Zip Code: 55337-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: TERESAANN DALY

Category/ Type:

Office Sought: X House / Senate / President
State: MN District: 02

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 10182D0414E4010
Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Mr. Cedric Terry

Mailing Address 206 N. Lafayette Street

City: Charleston | State: MS | Zip Code: 38921-

Purpose of Disbursement: DONATION

Candidate Name:

Category/ Type:

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 10212D0435E4056
Date of Disbursement: 10 / 20 / 2004

Amount of Each Disbursement this Period: 550.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Mr. Cedric Terry

Mailing Address 206 N. Lafayette Street

City: Charleston | State: MS | Zip Code: 38921-

Purpose of Disbursement: DONATION

Candidate Name:

Category/ Type:

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / X General / Other (specify)

Transaction ID: 102520045E4112
Date of Disbursement: 10 / 23 / 2004

Amount of Each Disbursement this Period: 550.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ **2100.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 20a	☐ 20b	☐ 20c	☒ 21	

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Gallagher For Congress

Mailing Address 4300 E Sunset Road, Suite E-1

City: Henderson | State: NV | Zip Code: 89014-

Purpose of Disbursement: CAMPAIGN CONTRIBUTION

Candidate Name: TOM GALLAGHER

Category/ Type

Office Sought: ☒ House ☐ Senate ☐ President

State: NV District: 03

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

Transaction ID: 10182D0414E4012

Date of Disbursement: 10 / 14 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	34100.00