

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Friends of Bennie Thompson																															
ADDRESS (number and street) PO Box 100																															
CITY Bolton		STATE MS		ZIP CODE 39041-0100																											
2. NAME OF CANDIDATE Thompson, Bennie, G., ,			3. OFFICE SOUGHT (State and District) House MS 02																												
4. FEC IDENTIFICATION NUMBER C00279851																															
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																															
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SIGNATURE (optional) Anderson, Reuben, , ,					DATE 06/02/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																								
[Electronically Filed]																															

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F6N

Transaction ID :

According to FEC regulations, the Threshold Amount for Form 6 is \$1,000.00

Form/Schedule:

Transaction ID:

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Air Line Pilots Association PAC 1625 Massachusetts Ave NW Fl 8 Washington DC 20036-2212			
Name of Employer		Date (month, day, year) 06/02/2022	
Amount 5000.00		Transaction ID : 6D4DD1F3440E64718BC7	
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
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