

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Trent Lott for Mississippi		SECRETARY OF THE SENATE 00 OCT 26 PM 5:55
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 22824		
CITY, STATE and ZIP CODE Jackson, MS 39225	STATE/DISTRICT	
2. FEC IDENTIFICATION NUMBER C00219220		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

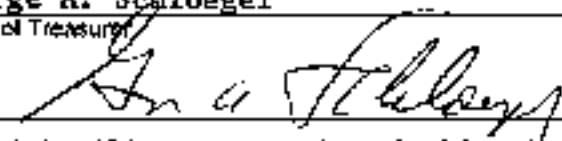
- April 15 Quarterly Report 12-Day Pre-Election Report for the General (Type of Election)
- July 15 Quarterly Report election on 11/7/00 In the ~~State~~ U.S.
- October 15 Quarterly Report 30-Day Post-Election Report following the General Election
- January 31 Year End Report on _____ In the State of _____
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>10/1/00</u> through <u>10/18/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	62,537.00	1,320,923.92
(b) Total Contribution Refunds (from Line 20(d))	0.00	49,339.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	62,537.00	1,271,584.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	421,439.25	1,855,861.93
(b) Total Offsets to Operating Expenditures (from Line 14)	2,824.00	13,668.04
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	418,615.25	1,842,193.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,435,614.63	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel. Free 800-424-9530 Local 202-694-1100
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

Type or Print Name of Treasurer George A. Schloegel	
Signature of Treasurer 	Date 10/26/00

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
Trent Lott for Mississippi	From: 10/1/00	To: 10/18/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (see Schedule A) -----	19,620.00	
(ii) Unitemized -----	1,917.00	
(iii) Total of contributions from individuals -----	21,537.00	1,101,473.92
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	41,000.00	219,450.00
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	62,537.00	1,320,923.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	4,585.16	68,490.33
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	2,824.00	13,668.04
16. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0	37,960.69
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 16) -----	69,946.16	1,441,042.98
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	421,439.25	1,855,861.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		42,339.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		7,000.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		49,339.00
21. OTHER DISBURSEMENTS -----	252,000.00	575,083.50
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	673,439.25	2,480,284.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	2,039,107.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	69,946.16
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	2,109,053.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	673,439.25
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	1,435,614.63

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **5**

FOR LINE NUMBER

11(a) | i |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

<p>A. Full Name, Mailing Address and Zip Code Behar & Kalman Six Beacon Street Suite 312 Boston, MA 02108-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Partnership Attribution Listed Individually</p> <p>Occupation See attached memo schedule</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Linda Bocek 48 Dingtletown Road Greenwich, CT 06830-3539</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Homemaker</p> <p>Occupation Homemaker</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code James Chiddix 30504 Upper Bear Creek Road Evergreen, CO 80439-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Time Warner Cable</p> <p>Occupation Chief Technical Officer</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code V.M. Cleveland 1879 North Coley Road Tupelo, MS 38801-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Tupelo Furniture Market</p> <p>Occupation Executive</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Kenny Coleman 1201 Medical Park Drive Oxford, MS 38655-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Coleman's Health Mart Pharmacy</p> <p>Occupation Executive</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code DRS. BURROW & WILLIAMS Radiological Assn. P.A. 350 Crossgates Boulevard Brandon, MS 39042-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Partnership Attribution Listed Individually</p> <p>Occupation See attached memo schedule</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code John Dyer 100 Silver Mist Circle Alpharetta, GA 30022-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p>	<p>Date (month, day, year) 10/18/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward D. Kalman 49 OceanView Road Swampscott, MA 01970	Behar & Kalman (memo entry: Behar & Kalman)	10/13/00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner		Aggregate Year-to-Date > \$ 500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Burrow 100 Hillview Court Brandon, MS 39042	Drs. Burrow & Williams Radiological Assoc. P.A. (memo entry: Radiological Assoc. P.A.)	10/13/00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Radiologist		Aggregate Year-to-Date > \$ 500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Williams 100 Hillview Court Brandon, MS 39042	Drs. Burrow & Williams Radiological Assoc. P.A. (memo entry: Radiological Assoc. P.A.)	10/13/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Radiologist		Aggregate Year-to-Date > \$ 500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)
Trent Lott for Mississippi

<p>A. Full Name, Mailing Address and Zip Code George E. Wilkerson, M.D., P.A. 348 Crossgates Boulevard Suite 2300 Brandon, MS 39042-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Partnership Attribution Listed Individually</p> <p>Occupation See attached memo schedule.</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code William Geppert 3059 Wentworth Court Jamul, CA 91935-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p>	<p>Date (month, day, year) 10/18/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Glen C. Warren, M.D. W. Lynn Stringer M.D. Neurological Surgery 10 Lakeland Circle Jackson, MS 39216-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Partnership Attribution Listed Individually</p> <p>Occupation See attached memo schedule</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Boyd Greene 722 Prescott Memphis, TN 38111-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p>	<p>Date (month, day, year) 10/18/2000</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code T. Kenneth Griffin P.O. Box 1928 Jackson, MS 39215-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Blue Cross & Blue Shield of MS</p> <p>Occupation Attorney</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Clyde Gunn, III P.O. Drawer 1916 Biloxi, MS 39533-1916</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Corban & Gunn</p> <p>Occupation Partner</p>	<p>Date (month, day, year) 10/18/2000</p> <p>Aggregate Year-to-Date -> 3,000.00</p>	<p>Amount of Each Receipt this Period 3,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Joyce Holder Route 2 Box 153 B Bay Springs, MS 39422-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p>	<p>Date (month, day, year) 10/18/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)	7,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **MEMO** OF
FOR LINE NUMBER
11 (a) (1)

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NAME OF COMMITTEE (in Full)

Trant Lott for Mississippi

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George E. Wilkerson 348 Crossgates Boulevard Suite 2300 Brandon, MS Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	George E. Wilkerson, M.D., P.A. (memo entry: George E. Wilkerson, M.D., P.A.) Occupation Medical Doctor Aggregate Year-to-Date > \$ 1,000.00	10/13/00	1,000.00
Glenn C. Warren, M.D. 10 Lakeland Circle Jackson, MS 39216 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Warren-Stringer Neurological Surgery (memo entry: Warren-Stringer Neurologist) Occupation Neurological Surgery Aggregate Year-to-Date > \$ 250.00	10/13/00	250.00
W. Lynn Stringer, M.D. 10 Lakeland Circle Jackson, MS 39216 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Warren-Stringer Neurological Surgery (memo entry: Warren-Stringer Neurologist) Occupation Neurological Surgery Aggregate Year-to-Date > \$ 250.00	10/13/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

<p>A. Full Name, Mailing Address and Zip Code James Johnston 1154 Pineland Drive Highway 49 Yazoo City, MS 39194-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (Month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Greg Kitchens P.O. Box 123 Utica, MS 39175-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kitchens Brothers</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Tom McAlpin 620 Second Avenue, NW Magee, MS 39111-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (Month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Henry Plaster 5407 Albemarle Street Bethesda, MD 20816-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer National Cable Television Assn</p> <p>Occupation Director of Govt. Relations</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Montee Pointer 8705 Northwest Drive Southaven, MS 38671-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (Month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Jeffrey Summers 210 Morningside S Ridgeland, MS 39157-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Richard Wax P.O. Box 60 Amory, MS 38821-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer The Wax Company, LLC</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (Month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>5,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Trent Lott For Mississippi

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Armarell 2943 Sw Brighton Way Palm City, FL 34990-6083	Retired	10/06/200	\$30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$255.00	
Lucille Arnstein Crestwood Manor 50 Lacey Road, Apt. B-108 Whiting, NJ 08759-2959	Retired	10/04/200	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$225.00	
Sally Brown 58 10th Street Niles, OH 44446-4365	Retired	10/04/200 (Refunded 590 on 9/21/00) (Refunded 250 on 10/13/00) See Schedule B, Line 20(a))	\$125.00 (Refunded 125 on 10/26/00)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1965.00	
Olga Brunetti 1545 Noriega Street San Francisco, CA 94122-4433	Retired	10/06/200	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$300.00	
Fredericka Cobey 4000 Cathedral Ave Nw Washington, DC 20016-5249	Retired	10/11/200	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$650.00	
Verna Driveness 1000 N Lake Ave. # 214 Sioux Falls, SD 57104-1321	Retired	10/04/200	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$700.00	
James Gatewood Box 608 Tyler, TX 75710	Retired	10/04/200	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$900.00	

SUBTOTAL of Receipts This Page (optional)	\$630.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)
Trent Lott For Mississippi

<p>A. Full Name, Mailing Address and Zip Code Estelle Crockett 1203 12th Street Big Stone Gap, VA 24219 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Retired Aggregate Year-to-Date -> \$400.00</p>	<p>Date (month, day, year) 10/11/200</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and Zip Code Brooks Hurst 891 Swallow St., Southwest Warren, OH 44485-3683 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Retired Aggregate Year-to-Date -> \$487.00</p>	<p>Date (month, day, year) 10/11/200</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>C. Full Name, Mailing Address and Zip Code Robert Kerr P.O. Box 8284 Montgomery, AL 36110-0284 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> \$247.00</p>	<p>Date (month, day, year) 10/04/200</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>D. Full Name, Mailing Address and Zip Code Margaret Maiorana 5093 San Rocco Court Punta Gorda, FL 33950-7923 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Retired Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 10/04/200</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>E. Full Name, Mailing Address and Zip Code Violet Miller 408 Watch Street Boscobel, WI 53805-1366 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Retired Aggregate Year-to-Date -> \$845.00</p>	<p>Date (month, day, year) 10/18/200</p>	<p>Amount of Each Receipt this Period \$80.00</p>
<p>F. Full Name, Mailing Address and Zip Code William Suhr 726 Loveville Rd Apt 33 Hockessin, DE 19707-1521 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Retired Aggregate Year-to-Date -> \$225.00</p>	<p>Date (month, day, year) 10/04/200</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>G. Full Name, Mailing Address and Zip Code Cheng Villarruel 3900 Karl Drive North North Highlands, CA 95660-4552 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Occupation Homemaker Aggregate Year-to-Date -> \$330.00</p>	<p>Date (month, day, year) 10/11/200</p>	<p>Amount of Each Receipt this Period \$60.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$490.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$19,620.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Schedules 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 (If Full)
 W/N 2000 - MEMO SCHRODTS
 Trent Co. for Mississippi

A. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles B. Tower 49 Willowmere Circle Riverside, CT 06878	D&B Corp.	8/1/00	500.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Executive	Aggregate Year-To-Date \geq \$ 3,000.00	
B. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date \geq \$	
C. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date \geq \$	
D. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date \geq \$	
E. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date \geq \$	
F. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date \geq \$	
G. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date \geq \$	

SUBTOTAL Receipts This Page (includes)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(c)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
Trent Lott for Mississippi

<p>A. Full Name, Mailing Address and Zip Code Aircraft Owners & Pilots Assn. PAC 421 Aviation Way Frederick, MD 21701-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 5,000.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code America Online, Inc. PAC 1101 Connecticut Avenue, NW Suite 400 Washington, DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code American Council of Life Insurers Political Action Committee 1001 Pennsylvania Avenue, NW Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Assn. for the Advancement of Psychology, Inc. (PLAN) P.O. Box 38129 Colorado Springs, CO 80937-8129</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Bayer Corporation PAC 100 Bayer Road Building 4 Pittsburgh, PA 15205-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code ChemFirst Inc. PAC 700 North Street Jackson, MS 39201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code GPU Power PAC 801 Pennsylvania Avenue, NW Suite 310 Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>14,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in full)
Trent Lott for Mississippi

<p>A. Full Name, Mailing Address and Zip Code Georgia-Pacific Employees Fund PAC 1875 Eye Street N.W. Suite 775 Washington, DC 20006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/18/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Guardian Industries Corporation Federal PAC 2300 Harmon Road Auburn Hills, MI 48326-1714</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/13/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Honeywell International, Inc. (P&A Allied Signal PAC) 1001 Pennsylvania Avenue, NW Suite 700 South, Box 2093 Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/13/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Anixter International/ANTEC PAC 11450 Technology Circle Duluth, GA 30097-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/18/2000 2,500.00</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>E. Full Name, Mailing Address and Zip Code J.P. Morgan & Co. Inc. PAC 60 Wall Street New York, NY 10260-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/13/2000 3,500.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Massachusetts Mutual Life Insurance Company PAC 1295 State Street Springfield, MA 01111-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/13/2000 5,000.00</p>	<p>Amount of Each Receipt this Period 4,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code National Cable Television Assoc. PAC 1724 Massachusetts Avenue, N.W. Washington, DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/13/2000 5,000.00</p>	<p>Amount of Each Receipt this Period 5,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>15,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed summary page

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NAME OF COMMITTEE (in Full)
Trent Lott for Mississippi

<p>A. Full Name, Mailing Address and Zip Code National Hardwood Lumber Assn PAC P.O. Box 34518 Memphis, TN 38184-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code New York Life PAC 51 Madison Avenue Suite 910 New York, NY 10010-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Outback Steakhouse Inc. PAC 2202 N. Westshore Boulevard 5th Floor Tampa, FL 33607</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/18/2000</p> <p>Aggregate Year-to-Date -> 5,000.00</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Wachovia Bank, N.A. North Carolina Employees PAC 100 North Main Street Winston-Salem, NC 27150</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 2,500.00</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Westvaco Corporation Political Participation Program 299 Park Avenue New York, NY 10171-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>11,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>41,000.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
W/N 2000 - MEMO SCHEDULE
Trent Cott for Mississippi

A. Full Name, Mailing Address and ZIP Code American Maritime Officers Voluntary PAC 650 Fourth Avenue Brooklyn, NY 11232		Name of Employer Date (month, day, year) 4/20/00	Amount of Each Receipt this Period 44.12
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-To-Date > \$ 294.12	
B. Full Name, Mailing Address and ZIP Code PDS& Corp Energy PAC 77 Beale Street P.O. Box 770000 San Francisco, CA 94177		Name of Employer Date (month, day, year) 7/17/00	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-To-Date > \$ 1,100.00	
C. Full Name, Mailing Address and ZIP Code Shaw Pittman PAC 2300 N Street, NW Washington, DC 20037		Name of Employer Date (month, day, year) 7/17/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-To-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Swidler Berlin Shereff Friedman LLP PAC 3000 K St., NW Suite 300 Washington, DC 20007		Name of Employer Date (month, day, year) 7/17/00	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-To-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code US Airways PAC 2345 Crystal Drive Arlington, VA 22277		Name of Employer Date (month, day, year) 9/26/00	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-To-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code		Name of Employer Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-To-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-To-Date > \$	

SUBTOTAL of Receipts This Page (optional)	3,294.12
TOTAL This Period (list page this line number only)	3,294.12

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NAME OF COMMITTEE (in Full)
Trent Lott for Mississippi

A. Full Name, Mailing Address and ZIP Code W/N 2000 Committee P.O. Box 75103 Washington, DC 20013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transfer of proceeds from joint fundraising committee Occupation See attached memo schedule for line 11(a)(1) & 11c Aggregate Year-to-Date > \$ 43,822.16	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period 4585.16
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 4,585.16

TOTAL This Period (last page this line number only) 4,585.16

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Wireless Services P.O. Box 8220 Fox Valley, IL 60572-8220	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	31.91
Barefield & Company, Inc. P.O. Box 649 251 W. South Street Jackson, MS 39205-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	355.19
Bell South 85 Annex Atlanta, GA 30385-0001	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	485.06
Bell South 85 Annex Atlanta, GA 30385-0001	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	138.88
Bell South 1133 21st Street, NW Suite 900 Washington, DC 20037-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	656.50
Bell South Mobility P.O. Box 530044 Atlanta, GA 30353-0044	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	485.06
Bell South Mobility P.O. Box 530044 Atlanta, GA 30353-0044	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	591.31

SUBTOTAL of Disbursements This Page (optional)	2,743.91
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Any information copied from such Reports and Statements may not be 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 contributor.

NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bret Boyles 228 B Twelfth Street, SE Washington, DC 20003-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	409.02
Bret Boyles 228 B Twelfth Street, SE Washington, DC 20003-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	198.00
Bret Boyles 228 B Twelfth Street, SE Washington, DC 20003-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	1,341.36
Clarion Hotel and Convention Center 400 Greymont Avenue Jackson, MS 39204	Event Expense - Facility Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	1,000.00
Coca Cola Enterprises P.O. Box 79337 Baltimore, MD 21279-0337	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	117.72
Coca Cola Enterprises P.O. Box 79337 Baltimore, MD 21279-0337	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	120.00
Coffee Plus 2324 R Montgomery Street Silver Spring, MD 20910-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	54.00

SUBTOTAL of Disbursements This Page (optional)	3,240.10
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D.C. Office of Tax and Revenue 941 North Capitol Street, NE Washington, DC 20002-	Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	892.79
Dynamex P.O. Box 99100 Pittsburgh, PA 15233-	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	58.00
Federal Express Corporation P.O. Box 1140 Memphis, TN 38101-1140	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	91.00
Federal Express Corporation P.O. Box 1140 Memphis, TN 38101-1140	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	21.83
Federal Express Corporation P.O. Box 1140 Memphis, TN 38101	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	39.65
Gold Key Lease, Inc. 2424 Edenborn Avenue, Suite 320 Metairie, LA 70001-	Automobile Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	433.45
Mack Heidelberg 277 Peach Orchard Drive Ridgeland, MS 39157-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	682.00

SUBTOTAL of Disbursements This Page (optional)	2,218.72
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Unrelated Business Page

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NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mack Heidelberg 277 Peach Orchard Drive Ridgeland, MS 39157-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	1,447.70
Full Name, Mailing Address and Zip Code Jimmy Zee's Services P.O. Box 253 Clinton, MS 20735-	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 13.57
Full Name, Mailing Address and Zip Code Jimmy Zee's Services P.O. Box 253 Clinton, MS 20735-	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/2000	Amount of Each Disbursement This Period 72.75
Full Name, Mailing Address and Zip Code Lamar County Fairgrounds P.O. Box 1240 43 Central Industrial Row Purvis, MS 39475	Purpose of Disbursement Event Expense - Facility Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address and Zip Code Teresa Love 105 Spencer Cove Clinton, MS 39056-	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period 303.47
Full Name, Mailing Address and Zip Code Teresa Love 105 Spencer Cove Clinton, MS 39056-	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/13/2000	Amount of Each Disbursement This Period 1,633.76
Full Name, Mailing Address and Zip Code McAuliffe Message Media P.O. Box 25991 Alexandria, VA 22313-	Purpose of Disbursement Advertising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/12/2000	Amount of Each Disbursement This Period 346,849.00

SUBTOTAL of Disbursements This Page (optional)	350,820.25
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mid State Telephone Contractors P.O. Box 54456 Jackson, MS 39288-4456	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	128.40
Mississippi Press Sa 351 Edgewood Terrace Jackson, MS 39206-	Advertising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	37,891.80
Northwest Airlines 901 Fifteenth Street, NW Suite 310 Washington, DC 20005-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	1,326.00
Office Depot 1901 L Street, N.W. Washington, DC 20036-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	296.84
Patton Boggs LLP 2550 M Street NW Washington, DC 20037-1350	Professional Services: Legal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	2,690.00
Paychex 3060 Williams Drive #300 Fairfax, VA 22031-	Payroll Service Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	107.92
Paychex 3060 Williams Drive #300 Fairfax, VA 22031-	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	5,100.21

SUBTOTAL of Disbursements This Page (optional)

47,541.17

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Petty Cash 201 North Union Street Suite 530 Alexandria, VA 22314-	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	130.70
Pugh's Florist, Inc. 3902 Market Street Cor. Telephone Road Pascagoula, MS 39567-	Flower Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	31.03
R.J. Reynolds 1455 Pennsylvania Avenue, NW Suite 925 Washington, DC 20004-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	3,018.00
Reynolds, Ernest D. Jr. 1701 Midway Road Clinton, MS 39056-	Event Expense - Facility Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	240.00
Reynolds, Ernest D. Jr. 1701 Midway Road Clinton, MS 39056-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	1,180.06
Reynolds, Ernest D. Jr. 1701 Midway Road Clinton, MS 39056-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	2,049.36
Dirk Smith 1825 T Street, NW, #202 Washington, DC 20009-	Office Supplies and Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	305.88

SUBTOTAL of Disbursements This Page (optional)	6,955.03
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dirk Smith 1825 T Street, NW, #202 Washington, DC 20009-	Postage and Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	593.89
Dirk Smith 1825 T Street, NW, #202 Washington, DC 20009-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	417.98
Dirk Smith 1825 T Street, NW, #202 Washington, DC 20009-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	518.62
The Advertiser News 103 North 40th Avenue Hattiesburg, MS 39401	Advertising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	600.00
Judith Thompson 2026 Utica Road Crystal Springs, MS 39059-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	1,042.18
U.S. Postmaster South Washington Street Alexandria, VA 22314-	Postage Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	264.00
U.S. Senate Gift Shop 180 Russell Senate Office Bldg Washington, DC 20510-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	37.00

SUBTOTAL of Disbursements This Page (optional)	3,473.67
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Trent Lott for Mississippi

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Senate Gift Shop 180 Russell Senate Office Bldg Washington, DC 20510-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	37.00
United Parcel Service P.O. Box 505820 Las Vegas, NV 88905-	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	83.55
Verizon Wireless P.O. Box 4009 Silver Spring, MD 20914-4009	Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/2000	770.89
Clovis Williams 204 Park Lane Place Jackson, MS 39211-	Travel and Telephone Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	519.52
Clovis Williams 204 Park Lane Place Jackson, MS 39211-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	1,002.23
Karen Yeager 2300 Tunlaw Road Washington, DC 20007-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	1,150.93
		/ /	

SUBTOTAL of Disbursements This Page (optional)	4,364.12
TOTAL This Period (last page this line number only)	421,356.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

Trent Lott for Mississippi

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mississippi Republican Party P.O. Box 60 Jackson, MS 39205	Transfer of Surplus Funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	50,000.00
B. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 Second Street, NE Washington, DC 20002	Transfer of surplus funds. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	200,000.00
C. Full Name, Mailing Address and ZIP Code CSX Corporation 1331 Pennsylvania Avenue, NW Suite 560 Washington, DC 20004	In-kind contribution to Rick Santorum for U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,000.00 (see memo entry below)
D. Full Name, Mailing Address and ZIP Code Santorum 2000	Travel expense - airfare US Senate - PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,000.00 (memo entry)
E. Full Name, Mailing Address and ZIP Code Comcast Corporation 1500 Market Street Philadelphia, PA 19102	In-kind contribution to Bob Franks for U.S. Senate (NJ) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,000.00 (see memo entry below)
F. Full Name, Mailing Address and ZIP Code Bob Franks for Senate	Travel expense - airfare US Senate NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,000.00 (memo entry)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

252,000.00

TOTAL This Period (last page this line number only)

252,000.00

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10/26/00
Date of Receipt

FAX (48-HOUR NOTICES) _____
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INSIDE MAIL _____
Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____
Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

FIRST CLASS MAIL _____
Postmarked

REGISTERED/CERTIFIED MAIL _____
Postmarked

NO POSTMARK **POSTMARK ILLEGIBLE**

OTHER (Specify): _____
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PG 10/26/00
Preparer Date Prepared