

HAND DELIVERED**REPORT OF RECEIPTS AND DISBURSEMENTS**

RECEIVED

OFFICE OF RECORDS & REGISTRATION

For An Authorized Committee
(Summary Page)

1993 MAR 18 AM 10:31

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

FRIENDS OF BENNIE THOMPSON

ADDRESS (number and street) ☐ Check if different than previously reported.

P. O. Box 100

CITY, STATE and ZIP CODE

Bolton, MS 39041

STATE/DISTRICT

2nd

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

2. FEC IDENTIFICATION NUMBER

155020

3. IS THIS REPORT AN AMENDMENT?

☐ YES☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report☒ Twelfth day report preceding General

(Type of Election)

☐ July 15 Quarterly Reportelection on March 30, 1993 in the State of Mississippi☐ October 15 Quarterly Report☐ Thirtieth day report following the General Election on☐ January 31 Year End Report

In the State of

☐ July 31 Mid-Year Report (Non-election Year Only)☐ Termination ReportThis report contains
activity for☐ Primary Election☒ General Election☐ Special Election☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>1-27-93</u> through <u>3-10-93</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	83,875.95	83,875.95
(b) Total Contribution Refunds (from Line 20(d))	50.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	83,825.95	83,825.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	55,774.75	55,774.75
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	55,774.75	55,774.75
8. Cash on Hand at Close of Reporting Period (from Line 27)	28,051.20	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-576-3120

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

Date

3-9-93

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full) FRIENDS OF BENNIE THOMPSON		Report Covering the Period: From: 1-27-93 To: 3-10-93	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		43,180.00	11(a)(i)
(ii) Unitemized		32,195.95	11(a)(ii)
(iii) Total of contributions from individuals		75,375.95	11(a)(iii)
(b) Political Party Committees		-0-	11(b)
(c) Other Political Committees (such as PACs)		8,500.00	11(c)
(d) The Candidate		-0-	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		83,875.95	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.		-0-	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate		-0-	13(a)
(b) All Other Loans		-0-	13(b)
(c) TOTAL LOANS (add 13(a) and (b))		-0-	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		-0-	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)		-0-	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		83,875.95	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		55,774.75	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.		-0-	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		-0-	19(a)
(b) Of All Other Loans		-0-	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		-0-	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		50.00	20(a)
(b) Political Party Committees		-0-	20(b)
(c) Other Political Committees (such as PACs)		-0-	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		50.00	20(d)
21. OTHER DISBURSEMENTS		-0-	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).		55,824.75	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ -0-	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 83,875.95	24
25. SUBTOTAL (add Line 23 and Line 24)		\$ 83,875.95	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).		\$ 55,824.75	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).		\$ 28,051.20	27

93014953887

SCHEDULE A

ITEMIZED RECEIPTS

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

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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

NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Fred Adams, Jr. P. O. Box 2960 Jackson, MS 39225 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cal-Maine Foods Occupation CEO Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 2-16-93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code John H. Almond 38 Avery Circle Jackson, MS 39211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Allen & Hoshall Occupation Engineer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Reuben V. Anderson P. O. Box 290 Jackson, MS 39205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Phelps Dunbar Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 2-5-93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Robert C. Andrews, Jr. 5626 Carrie Street Gautier, MS 39553 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ham Industries Occupation Comptroller Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Marvin S. Arrington 191 Peachtree St., NE, Suite 3550 Atlanta, GA 30303 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 2-11-93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Charles C. Barlow 3863 Sleepy Hollow Jackson, MS 39211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Barlow & Plunkett, Ltd Occupation CEO Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 2-5-93	Amount of Each Receipt this Period 400.00
G. Full Name, Mailing Address and ZIP Code Billy R. Benford 938 Raymond Road Jackson, MS 39204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Young Peoples Action Group Occupation Director Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 2-2-93 2-5-93	Amount of Each Receipt this Period 250.00 100.00

SUBTOTAL of Receipts This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Edward Blackmon, Jr. 907 West Peace Street Canton, MS 39046 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 2-22-93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Marvin E. Blanks, III 3411 Azalea Drive Philadelphia, MS 39350 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer W. G. Yates & Sons Construction Co. Occupation Corp. Finance Officer Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 750.00
C. Full Name, Mailing Address and ZIP Code Sonny L. Bolls 521 Houston Avenue Jackson, MS 39209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Jackson St. University Occupation Teacher Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-11-93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Rollins Branch 5323 Keele Street Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 2-11-93	Amount of Each Receipt this Period 400.00
E. Full Name, Mailing Address and ZIP Code Phillip J. Brookins P. O. Box 68783 Jackson, MS 39286 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MINACT, Inc. Occupation Accountant Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 1-28-93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Troy P. Campbell P. O. Box 300526 Kansas City, MO 64130 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-3-93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Howard Catchings P. O. Box 2509 Jackson, MS 39207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 493.00	Date (month, day, year) 1-29-93	Amount of Each Receipt this Period 493.00 In-Kind

SUBTOTAL of Receipts This Page (optional)

3,643.00

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

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FOR LINE NUMBER	
11(a)(1)	

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Ray Childress P. O. Box 136 Hickory, MS 39332</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>W. G. Yates & Sons Construction Co.</p> <p>Occupation</p> <p>Officer & Manager</p> <p>Aggregate Year-to-Date > \$ 499.00</p>	<p>Date (month, day, year)</p> <p>3-7-93</p>	<p>Amount of Each Receipt this Period</p> <p>499.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Kevin Cockrell 4646 Village Drive Jackson, MS 39206</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Hinds Co. Human Resource Agency</p> <p>Occupation</p> <p>Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>2-18-93</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Theo P. Costas, Jr. P. O. Box 1349 Jackson, MS 39205</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self-Employed</p> <p>Occupation</p> <p>Businessman</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>3-7-93</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Richard G. Cowart 1948 Petit Bois Jackson, MS 39211</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Watkins, Ludlum & Stennis</p> <p>Occupation</p> <p>Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>2-11-93</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>James T. Cox 224 Sweetbriar Lane Madison, MS 39110</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Cox, Simpson & Bennett</p> <p>Occupation</p> <p>Attorney</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>2-4-93</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Carl Crawford 6604 Bayou Pines Drive Biloxi, MS 39532</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Ham Marine, Inc.</p> <p>Occupation</p> <p>President</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>3-7-93</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Danny Cupit 1607 Pinehurst Jackson, MS 39202</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Cupit, Jones & Fairbanks</p> <p>Occupation</p> <p>Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>1-29-93</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

3,999.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 11
FOR LINE NUMBER 11(a)(1)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Sharon Cupit 1607 Pinehurst Jackson, MS 39202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 1-29-93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Godwin E. Dafe P. O. Box 11655 Jackson, MS 39283 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State Farm Ins. Occupation Agent Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 2-22-93	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Frank R. Day 2440 Sand Ridge Drive Jackson, MS 39211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Trustmark Nat'l Bank Occupation Chairman Aggregate Year-to-Date > \$ 990.00	Date (month, day, year) 2-16-93	Amount of Each Receipt this Period 990.00
D. Full Name, Mailing Address and ZIP Code D. G. Fountain P. O. Box 10506 Jackson, MS 39209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fountain Electric, Co. Occupation Owner Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 2-16-93	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Roe T. Frazer, II 3511 Kings Highway Jackson, MS 39216 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3-1-93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Don Fulton 207 Woodbriar Lane Philadelphia, MS 39350 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer W. G. Yates & Sons Construction Co. Occupation Corp. Executive Aggregate Year-to-Date > \$ 499.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 499.00
G. Full Name, Mailing Address and ZIP Code Cornelious Green, Jr. 114 Pine Island Drive Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 2-5-93	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 3,789.00

TOTAL This Period (last page this line number only)

93014953891

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 5 OF 11
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Tomie T. Green 114 Pine Island Drive Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Walker, Walker & Green Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 2-5-93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Calvin B. Grigsby 2406 Saddleback Drive Danville, CA 94506 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Accountant Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Tommie Hathorn 2115 Bailey Avenue Jackson, MS 39213 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hathorn Pest Control Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-11-93 3-1-93	Amount of Each Receipt this Period 250.00 250.00
D. Full Name, Mailing Address and ZIP Code Mary L. Hawbecker 8652 Sedley Court Gaithersburg, MD 20879 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nat'l Association of Community Health Centers Occupation CEO Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-4-93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Bobby T. Henderson 822 Winthrop Circle Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Contractor Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 2-4-93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code John Heyman P. O. Box 954 South Orleans, MA 02662 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-22-93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Janet Holloway 104 Pinelake Place Brandon, MS 39042 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ham Marine, Inc. Occupation Secretary Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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6	11
FOR LINE NUMBER	
11(a)(i)	

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Frank Hopper 2312 Rosedale West Point, MS 39773 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer W. G. Yates & Sons Construction Co. Occupation Officer & Manager Aggregate Year-to-Date > \$ 499.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 499.00
B. Full Name, Mailing Address and ZIP Code Alphonso Hunter P. O. Box 144 Edwards, MS 39066 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Contractor Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 3-3-93	Amount of Each Receipt this Period 600.00
C. Full Name, Mailing Address and ZIP Code Maurice James 971 W. Lakeland Dr., Suite 661 Jackson, MS 39216 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Medical Doctor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-4-93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Mac Johnson 302 Azalea Drive Philadelphia, MS 39350 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Contractor Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 750.00
E. Full Name, Mailing Address and ZIP Code Earle F. Jones P. O. Box 16807 Jackson, MS 39236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Miss. Management Hotel Group Occupation Board Co-Chairman Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-1-93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code James D. Kopernak 123 North State Street Jackson, MS 39201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cox, Simpson, Bennett Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-4-93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code L. B. Lampton P. O. Box 1308 Jackson, MS 39215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ergon, Inc. Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3-4-93	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

4,349.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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

NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Shane Langston 175 Bellegrove Circle Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3-1-93	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code John L. Maxey 2201 Eastover Drive Jackson, MS 39211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Maxey, Pigott, Wann & Begley Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 2-5-93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Vicent E. McCarley 10 Hawkins Lane San Francisco, CA 94124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Investment Banker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Gregory Mundy 526 Cocoa Lane Orlando, FL 32804 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Engineer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-22-93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Bob Owens 3474 Jones Loop Terry, MS 39170 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Owens Law Firm Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 2-5-93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Brad Pigott 1835 Lyncrest Avenue Jackson, MS 39202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Maxey, Pigott, Wann & Begley Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 2-2-93	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Jerrod L. Pitts 1035 Brairwood Drive Jackson, MS 39211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Heidelberg & Woodliff Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 3-3-93	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

5,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Barry H. Powell 1914 Cherokee Drive Jackson, MS 39211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 2-5-93	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Melvin V. Priester 5936 Kenview Drive Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Priester Law Firm Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-4-93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Carl M. Reddix 6090 Woodlea Drive Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Medical Doctor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-4-93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Paul M. Rice 440 E. Woodrow Wilson Dr., Suite 504 Jackson, MS 39216 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Medical Doctor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-4-93	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Reginald D. Rigsby 1637 Pear Orchard Place Jackson, MS 39211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mississippi Family Doctors Occupation Medical Doctor Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 2-22-93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Ronald O. Rogers 2226 West Gore Street Orlando, FL 32805 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-22-93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Harvey C. Sanders P. O. Box 4387 Jackson, MS 39216 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Medical Doctor Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 2-18-93 2-22-93	Amount of Each Receipt this Period 50.00 500.00

SUBTOTAL of Receipts This Page (optional)

3,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Ronald W. Schnoor 1202 Heidenheim Drive Pascagoula, MS 39581 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ham Industries, Inc. Occupation Manager Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Adib Akmal Shakir P. O. Box 606 Tougaloo, MS 39174 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tougaloo College Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-25-93	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Aaron Shirley 114 California Place Jackson, MS 39213 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Jackson Hinds Comprehensive Health Center Occupation Medical Doctor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-4-93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Robert Smith 1134 Winter Street Jackson, MS 39204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Medical Doctor Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 3-4-93	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Larry Stamps P. O. Box 2916 Jackson, MS 39207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-18-93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Sorie S. Tarawally 6179 Clarence Drive Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Owens Law Firm Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-4-93	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code John L. Walker P. O. Box 2086 Jackson, MS 39205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Walker, Walker & Green Occupation Attorney Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 2-5-93 2-22-93	Amount of Each Receipt this Period 500.00 100.00

SUBTOTAL of Receipts This Page (optional)

3,850.00

TOTAL This Period (last page this line number only)

930149538296

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Leroy G. Walker, Jr. 5956 Holbrook Drive Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer McDonald's Restaurant Occupation Owner/Operator Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 1-29-93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code David S. Warrington P. O. Box 7132 Jackson, MS 39212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ham Marino, Inc. Occupation Account Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Nancy F. Yates 304 Dogwood Street Philadelphia, MS 39350 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code William G. Yates, Jr. 304 Dogwood Street Philadelphia, MS 39350 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer W. G. Yates & Sons Construction Co. Occupation Corp. Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-7-93	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Crymes Pittman P. O. Box 22985 Jackson, MS 39205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-8-93	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code James Anderson 1320 Cox Street Jackson, MS 39204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hinds Co. Comprehensive Health Center Occupation Medical Doctor Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 1-29-93 2-18-93	Amount of Each Receipt this Period 200.00 In-Kind 50.00
G. Full Name, Mailing Address and ZIP Code Henry W. Flowers 4705 I-55 North Jackson, MS 39206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Businessman Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 1-28-93 2-19-93	Amount of Each Receipt this Period 200.00 150.00

SUBTOTAL of Receipts This Page (optional)

5,600.00

TOTAL This Period (last page this line number only)

93014953897

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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CONTRIBUTIONS FROM INDIVIDUALS/PERSONS

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Jim Warren 5885 Kristen Drive Jackson, MS 39211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Waycaster & Warren Occupation Attorney Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 2-18-93 2-18-93 3-3-93	Amount of Each Receipt this Period 100.00 50.00 200.00
B. Full Name, Mailing Address and ZIP Code Tim Waycaster 194 Dogwood Circle Brandon, MS 39042 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Waycaster & Warren Occupation Attorney Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 2-11-93 3-3-93	Amount of Each Receipt this Period 100.00 200.00
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)

650.00

TOTAL This Period (last page this line number only)

43,180.00

93014953898

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (if)
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Detailed Summary Page

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FOR LINE NUMBER 11(c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code ACTWU PAC 15 Union Square New York, NY 10003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 2-18-93	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code AFSCME PAC 1625 L Street, NW Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 3-8-93	Amount of Each Receipt this Period 2,500.00
C. Full Name, Mailing Address and ZIP Code Ambulatory Operations PAC 1211 Union Ave., Suite 600 Memphis, TN 38104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3-1-93	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code IUE PAC 1126 16th Street, NW Washington, DC 20013 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 3,000.00	Date (month, day, year) 3-3-93	Amount of Each Receipt this Period 3,000.00
E. Full Name, Mailing Address and ZIP Code Marion Merrell Dow PAC 9300 Ward Parkway Kansas City, MO 64114 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2-22-93	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code UA PAC 901 Massachusetts Ave., NW Washington, DC 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 3-8-93	Amount of Each Receipt this Period 1,000.00
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)

TOTAL This Period (last page this line number only)

8,500.00

93014953899

SCHEDULE B

ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Democratic Consulting Group P. O. Box 1488 Jackson, MS 39215	Purpose of Disbursement Radio Time Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-3-93 2-4-93 2-11-93	Amount of Each Disbursement This Period 3,100.00 317.11 1,958.10
B. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Radio Time Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-24-93 3-4-93 3-4-93	Amount of Each Disbursement This Period 4,320.84 8,723.52 397.50
C. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Radio Production Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3-4-93	Amount of Each Disbursement This Period 1,018.00
D. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Fees & Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-4-93 2-11-93 2-24-93	Amount of Each Disbursement This Period 1,800.00 1,800.00 1,800.00
E. Full Name, Mailing Address and ZIP Code Tubelite Company P. O. Box 16456 Memphis, TN	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-24-93	Amount of Each Disbursement This Period 2,387.00
F. Full Name, Mailing Address and ZIP Code Ken Hodge Washington, DC	Purpose of Disbursement Food & Catering Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-17-93	Amount of Each Disbursement This Period 1,500.00
G. Full Name, Mailing Address and ZIP Code Howard Catchings P. O. Box 2509 Jackson, MS 39207	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1-29-93	Amount of Each Disbursement This Period 493.00 In-Kind
H. Full Name, Mailing Address and ZIP Code Jackson Advocate P. O. Box 3708 Jackson, MS 39207	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1-28-93	Amount of Each Disbursement This Period 481.50
I. Full Name, Mailing Address and ZIP Code Fashions, Inc. 721 Harris Jackson, MS 39207	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-22-93 2-25-93	Amount of Each Disbursement This Period 300.00 408.87

SUBTOTAL of Disbursements This Page (optional)

30,805.44

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Phillips Printing Co. P. O. Box 5782 Pearl, MS 39288	Purpose of Disbursement Printing	Date (month, day, year) 2-5-93	Amount of Each Disbursement This Period 390.76
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code Sir Speedy Printing 205 W. Capitol Street Jackson, MS 39207	Purpose of Disbursement Printing	Date (month, day, year) 2-24-93 3-6-93	Amount of Each Disbursement This Period 239.79 2,981.88
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code U. S. Postmaster Bolton, MS 39041	Purpose of Disbursement Postage	Date (month, day, year) 2-5-93 2-11-93 2-16-93	Amount of Each Disbursement This Period 232.00 27.45 2.90
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Postage	Date (month, day, year) 2-16-93 3-2-93 3-13-93	Amount of Each Disbursement This Period 16.27 38.37 319.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Office Depot 4950 I-55 North Jackson, MS 39211	Purpose of Disbursement Office Supplies	Date (month, day, year) 2-5-93 2-24-93 3-13-93	Amount of Each Disbursement This Period 301.63 214.54 32.21
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code South Central Bell P. O. Box 2218 Jackson, MS 39232	Purpose of Disbursement Telephone	Date (month, day, year) 2-2-93 2-11-93 3-5-93	Amount of Each Disbursement This Period 239.00 242.20 670.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Ramada Renaissance P. O. Box 12710 Jackson, MS 39236	Purpose of Disbursement Food & Catering	Date (month, day, year) 1-29-93 2-7-93	Amount of Each Disbursement This Period 210.60 103.20
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Days Inn 644 North Lake Shore Drive Chicago, IL 60611	Purpose of Disbursement Food & Catering	Date (month, day, year) 3-6-93	Amount of Each Disbursement This Period 3,468.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Jim Mabus P. O. Box 16154 Jackson, MS 39236	Purpose of Disbursement Salary	Date (month, day, year) 2-11-93	Amount of Each Disbursement This Period 600.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

10,329.80

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
3	3
FOR LINE NUMBER	
17	

OPERATING EXPENDITURES

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

NAME OF COMMITTEE (in Full)

FRIENDS OF BENNIE THOMPSON

A. Full Name, Mailing Address and ZIP Code Norma Dorsey 425 Galvez Street Jackson, MS 39207	Purpose of Disbursement Salary	Date (month, day, year) 1-29-93	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-4-93	500.00
B. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Salary	Date (month, day, year) 2-11-93	Amount of Each Disbursement This Period 1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-24-93	1,000.00
C. Full Name, Mailing Address and ZIP Code Michael Montgomery 5715 Magnolia Drive Jackson, MS 39209	Purpose of Disbursement Salary	Date (month, day, year) 1-29-93	Amount of Each Disbursement This Period 400.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-4-93	400.00
D. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Salary	Date (month, day, year) 2-11-93	Amount of Each Disbursement This Period 800.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-24-93	800.00
E. Full Name, Mailing Address and ZIP Code Rita Tell 1595 W. Highland Dr., #G-206 Jackson, MS 39204	Purpose of Disbursement Salary	Date (month, day, year) 2-11-93	Amount of Each Disbursement This Period 600.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-24-93	600.00
F. Full Name, Mailing Address and ZIP Code James Anderson 1320 Cox Street Jackson, MS 39204	Purpose of Disbursement	Date (month, day, year) 1-29-93	Amount of Each Disbursement This Period 200.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		In-Kind
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

6,800.00

TOTAL This Period (last page this line number only)

47,935.24

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