



FRIENDS OF
Bennie Thompson

Post Office Box 100 • Bolton, Mississippi 39041 • Phone: 601-866-9100 • Fax: 601-866-4200

March 5, 2004

VIA FIRST CLASS MAIL 7000 1670 0010 7548 3544

Mr. Larry Norton
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

MUR # 5433

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL
MAR 15 P 1:04

Dear Mr. Norton:

A review of recent filings (February 26, 2004, Pre-Primary filing) of LeSueur for Congress 04 (Committee ID: C00394304) revealed the following violations of the Federal Election Campaign Act of 1971 (FECA), as amended. Also, enclosed is LeSueur's Ethics Filing. The following outline provides detailed violations of our campaign finance laws:

1. The Committee paid the candidate a reported sum of \$2,900.00 between February 6, and February 17.
 - 1.1.1. These payments clearly violate Part 113 - Use of Campaign Accounts for Non-Campaign Purposes (2 U.S.C. 439a) - of the Commission's rulemaking printed in Vol. 67, No. 240 of Federal Register on December 13, 2002, restricting salary payments to, in this case, \$1,500 per month, as indicated on the candidate's personal financial disclosure.
 - 1.1.2. The payments in question are as follow:
 - 1.1.2.1. February 6, 2004 - \$1,200
 - 1.1.2.2. February 11, 2004 - \$500
 - 1.1.2.3. February 16, 2004 - \$500
 - 1.1.2.4. February 17, 2004 - \$500
 - 1.1.2.5. February 17, 2004 - \$200

The Committee has clearly violated the letter and spirit of our campaign finance and election laws. I trust that a prompt and full investigation into these charges is forthcoming. If additional information is needed, please contact me.

Sincerely,

Bennie G. Thompson
Member of Congress

Subscribed and sworn to before me on this 9th day of March, 2004

Notary Public

e - mail: BennieThompson@aol.com
PAID FOR BY FRIENDS OF BENNIE THOMPSON

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES FEB 20, 2005
BONDED THRU STEGALL NOTARY SERVICE

25190261839

25190261831

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

Period Covered: January 1, 2003-Jan. 9, 2004

Clinton D. Lee Sullivan
1235 Fairview Ave. *MS 38701*
Columbie, MS 38701
662-888-3758
2004 FEB 19

FORM B
For use by candidates and new employees

Employing Office: *Cons. Staff 2104*

Check II Amendment:

A \$200 penalty shall be assessed against anybody who files more than 30 days late.

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. **Yes** **No**

II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. **Yes** **No**

III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. **Yes** **No**

IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. **Yes** **No**

V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. **Yes** **No**

VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI. **Yes** **No**

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, pages 10-11.) **Yes** **No**

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? **Yes** **No**

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C § 1001).

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

Clinton D. Lee Sullivan
Date: *2/11/04*

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name: *William B. Schuster* Page 3 of 6

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset		BLOCK C Type of Income		BLOCK D Amount of Income	
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or jointly held (JT), in the optional column on the far left.</p>		<p>at close of reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."</p>		<p>Other Type of Income (Specify: For Example, Partnership Income, Farm Income)</p>		<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "IRA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.</p>	
SP	SP Mega Corp. Stock	\$1 - \$1,000		None		None	
DC, Examples:	Schuster & Schuster	\$1,001 - \$15,000		None		None	
JT	1st Bank of Paducah, KY accounts	\$15,001 - \$50,000		None		None	
		\$50,001 - \$100,000		None		None	
		\$100,001 - \$250,000		None		None	
		\$250,001 - \$500,000		None		None	
		\$500,001 - \$1,000,000		None		None	
		\$1,000,001 - \$5,000,000		None		None	
		\$5,000,001 - \$25,000,000		None		None	
		\$25,000,001 - \$50,000,000		None		None	
		Over \$50,000,000		None		None	
		None		None		None	
		\$1 - \$200		None		None	
		\$201 - \$1,000		None		None	
		\$1,001 - \$2,500		None		None	
		\$2,501 - \$5,000		None		None	
		\$5,001 - \$15,000		None		None	
		\$15,001 - \$50,000		None		None	
		\$50,001 - \$100,000		None		None	
		\$100,001 - \$1,000,000		None		None	
		\$1,000,001 - \$5,000,000		None		None	
		Over \$5,000,000		None		None	
		None		None		None	
		\$1 - \$200		None		None	
		\$201 - \$1,000		None		None	
		\$1,001 - \$2,500		None		None	
		\$2,501 - \$5,000		None		None	
		\$5,001 - \$15,000		None		None	
		\$15,001 - \$50,000		None		None	
		\$50,001 - \$100,000		None		None	
		\$100,001 - \$1,000,000		None		None	
		\$1,000,001 - \$5,000,000		None		None	
		Over \$5,000,000		None		None	

For additional assets and unearned income, use next page.

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SCHEDULE V—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

Name: Richard Bilson Page 6 of 6

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliate for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Hometown	Accounting services
N/A	

Trustmark National Bank
Post Office Box 945
Greenwood, Mississippi 38935-0945
601 455 1531
601 455 6664 FAX

FAX



Trustmark

FAX TRANSMISSION

DATE: 2/19/04

LEGISLATIVE EQUIPMENT UNIT
2004 FEB 19 PM 4:51
U.S. HOUSE OF REPRESENTATIVES

TO: Jenice Glosson
Committee on Standards
Fax # 202-226-5207

FROM: Clinton B. HeSear
2nd District, MS
62-872-3758

Number of pages including this cover sheet: _____

COMMENTS:

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25190261838

Clinton B. Besveur 2008

JAN 27 2004

LEGISLATIVE RESOURCE CENTER

2004 FEB 23 PM 3:50

U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

Period Covered: January 1, 2003 - 1/2004

Clinton B. Besveur
1235 Fairview Ave
Greenville, MS 38701

FORM B
For use by candidates and new employees

662-822-3758
Daytime Telephone

State: MS District: 1

Date of Election: March 9

Check if Amendment

Employing Office:

A \$200 penalty shall be assessed against anybody who files more than 30 days late.

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, pages 10-11.)

Yes No

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes No

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification

I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

Signature of Reporting Individual: *Clinton B. Besveur* Date (Month, Day, Year): 1/23/04

Name Clinton B. Spear Page of

SCHEDULE III — LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			C	E	G	I	K	Over	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.	\$15,001 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$250,000	\$250,000 - \$500,000	\$500,000 - \$1,000,000	\$1,000,000 - \$5,000,000	Over \$5,000,000
	N/A	N/A							

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	N/A

Use additional sheets if more space is required.

Name Clinton B. Sweeney Page 1 of 1

SCHEDULE V—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government services; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	N/A

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Excludes: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A	N/A