

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Fannie Lou Hamer Political Action Committee

ADDRESS (number and street) 19600 W. McNichols  
 Check if different than previously reported. (ACC)  
Detroit MI 48219

2. **FEC IDENTIFICATION NUMBER** C00294918  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2008 through 06 30 2008

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 Mr. Edwin K Washington

Signature of Treasurer Electronically Filed by Mr. Edwin K Washington Date 03 13 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Fannie Lou Hamer Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">17832.63</td></tr></table>	17832.63
Y	Y	Y	Y									
2	0	0	8									
17832.63												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">17832.63</td></tr></table>	17832.63										
17832.63												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">6725.00</td></tr></table>	6725.00	<table border="1" style="width: 100%;"><tr><td align="right">6725.00</td></tr></table>	6725.00								
6725.00												
6725.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">24557.63</td></tr></table>	24557.63	<table border="1" style="width: 100%;"><tr><td align="right">24557.63</td></tr></table>	24557.63								
24557.63												
24557.63												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">15334.88</td></tr></table>	15334.88	<table border="1" style="width: 100%;"><tr><td align="right">15334.88</td></tr></table>	15334.88								
15334.88												
15334.88												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">9222.75</td></tr></table>	9222.75	<table border="1" style="width: 100%;"><tr><td align="right">9222.75</td></tr></table>	9222.75								
9222.75												
9222.75												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Fannie Lou Hamer Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1900.00	1900.00
(i) Itemized (use Schedule A) .....	4825.00	4825.00
(ii) Unitemized .....	6725.00	6725.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6725.00	6725.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6725.00	6725.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6725.00	6725.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	15334.88	15334.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15334.88	15334.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15334.88	15334.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15334.88	15334.88

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	6725.00	6725.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6725.00	6725.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15334.88	15334.88
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15334.88	15334.88

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Fannie Lou Hamer Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) WARREN C. EVANS		Date of Receipt
	Mailing Address PO BOX 32776		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 15 / 2008
	City	State	Zip Code
	DETROIT	MI	48232
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4199
Name of Employer NA		Occupation NA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			DONATION

<b>B.</b>	Full Name (Last, First, Middle Initial) CATHY M. GARRETT		Date of Receipt
	Mailing Address PO BOX 43526		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 15 / 2008
	City	State	Zip Code
	DETROIT	MI	48243
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4144
Name of Employer WAYNE COUNTY		Occupation CLERK	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			FUNDRAISER TICKETS

<b>C.</b>	Full Name (Last, First, Middle Initial) HIRAM E. JACKSON		Date of Receipt
	Mailing Address 271 ARDEN PARK BLVD.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 13 / 2008
	City	State	Zip Code
	DETROIT	MI	48202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4133
Name of Employer NA		Occupation NA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			DONATION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 14</span>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Fannie Lou Hamer Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) RONALD ZAJAC		Date of Receipt																					
	Mailing Address 79 ALFRED ST.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	0		2	0	0	8														
	City State Zip Code DETROIT MI 48201		<b>Transaction ID:</b> SA11AI.4146																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00																					
Name of Employer Occupation NA NA		DONATION																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1900.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fannie Lou Hamer Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CAVALIER</b> <hr/> Mailing Address <b>PO BOX 9001111</b> <hr/> City <b>LOUISVILLE</b> State <b>KY</b> Zip Code <b>40290</b> <hr/> Purpose of Disbursement <b>TELEPHONE &amp; INTERNET</b> Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>06 / 03 / 2008</b> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">335.37</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DBT</b> <hr/> Mailing Address <b>253 MILWAUKEE</b> <hr/> City <b>DETROIT</b> State <b>MI</b> Zip Code <b>48202</b> <hr/> Purpose of Disbursement <b>FUNDRAISER SUPPLIES / ENGRAVING</b> Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>05 / 16 / 2008</b> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">360.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DEPOT</b> <hr/> Mailing Address <b>18450 FORD RD</b> <hr/> City <b>DETROIT</b> State <b>MI</b> Zip Code <b>48228</b> <hr/> Purpose of Disbursement <b>OFFICE SUPPLIES</b> Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4114 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>04 / 28 / 2008</b> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">299.12</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>994.49</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fannie Lou Hamer Political Action Committee

A.	Full Name (Last, First, Middle Initial) GREGORY TERRELL & COMPANY	Transaction ID: SB21B.4107
	Mailing Address 535 GRISWOLD ST.	Date of Disbursement MM / DD / YYYY 04 / 17 / 2008
	City State Zip Code DETROIT MI 48226	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement FEDFILING SVRS 04-07	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GREGORY TERRELL & COMPANY	Transaction ID: SB21B.4226
	Mailing Address 535 GRISWOLD ST.	Date of Disbursement MM / DD / YYYY 06 / 08 / 2008
	City State Zip Code DETROIT MI 48226	Amount of Each Disbursement this Period 3800.00
	Purpose of Disbursement TAX & ACCOUNTING SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JEANETTE E. GUINYARD	Transaction ID: SB21B.4123
	Mailing Address 8274 NORMILLE ST	Date of Disbursement MM / DD / YYYY 05 / 06 / 2008
	City State Zip Code DETROIT MI 48202	Amount of Each Disbursement this Period 238.00
	Purpose of Disbursement 4/21-5/2/08	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7038.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fannie Lou Hamer Political Action Committee

A.	Full Name (Last, First, Middle Initial) JEANETTE E. GUINYARD	Transaction ID: SB21B.4128 Date of Disbursement 05 / 21 / 2008
	Mailing Address 8274 NORMILLE ST	Amount of Each Disbursement this Period 278.38
	City: DETROIT State: MI Zip Code: 48202	
	Purpose of Disbursement: 05/05-16/08	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JEANETTE E. GUINYARD	Transaction ID: SB21B.4230 Date of Disbursement 06 / 03 / 2008
	Mailing Address 8274 NORMILLE ST	Amount of Each Disbursement this Period 204.00
	City: DETROIT State: MI Zip Code: 48202	
	Purpose of Disbursement: BOOKKEEPING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JEANETTE E. GUINYARD	Transaction ID: SB21B.4223 Date of Disbursement 06 / 14 / 2008
	Mailing Address 8274 NORMILLE ST	Amount of Each Disbursement this Period 221.00
	City: DETROIT State: MI Zip Code: 48202	
	Purpose of Disbursement: 6/2-13/08	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>703.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fannie Lou Hamer Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) JRA INSURANCE COMPANY Mailing Address 17515 NINE MILE RD. City SOUTHFIELD State MI Zip Code 48075 Purpose of Disbursement ADDITIONAL COVERAGE Candidate Name	Transaction ID: SB21B.4125 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 350.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) TONI KIRKLAND Mailing Address 15727 SAN JUANDR. City DETROIT State MI Zip Code Purpose of Disbursement CATERING Candidate Name	Transaction ID: SB21B.4219 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 300.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) TONI KIRKLAND Mailing Address 15727 SAN JUANDR. City DETROIT State MI Zip Code Purpose of Disbursement MTG SUPPLIES Candidate Name	Transaction ID: SB21B.4225 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 65.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	715.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fannie Lou Hamer Political Action Committee

A.	Full Name (Last, First, Middle Initial) MR. PITA  Mailing Address 615 GRISWOLD  City DETROIT State MI Zip Code 48226  Purpose of Disbursement MTG SUPPLIES Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4105 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8  Amount of Each Disbursement this Period 449.40
B.	Full Name (Last, First, Middle Initial) SAM'S CLUB  Mailing Address 15700 NORTHLINE  City SOUTHGATE State MI Zip Code 48195  Purpose of Disbursement SUPPLIES Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4131 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8  Amount of Each Disbursement this Period 90.65
C.	Full Name (Last, First, Middle Initial) ST. REGIS  Mailing Address 3071 W. GRAND BLVD.  City DETROIT State MI Zip Code 48202  Purpose of Disbursement ANN'L FUNDRAISER Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4116 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8  Amount of Each Disbursement this Period 895.00

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

**1435.05**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fannie Lou Hamer Political Action Committee

A.	Full Name (Last, First, Middle Initial) ST. REGIS	Transaction ID: SB21B.4214
	Mailing Address 3071 W. GRAND BLVD.	Date of Disbursement MM / DD / YYYY 06 / 09 / 2008
	City DETROIT State MI Zip Code 48202	Amount of Each Disbursement this Period 789.00
	Purpose of Disbursement BALANCE DUE ON FUNDRAISER	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ST. REGIS	Transaction ID: SB21B.4216
	Mailing Address 3071 W. GRAND BLVD.	Date of Disbursement MM / DD / YYYY 06 / 09 / 2008
	City DETROIT State MI Zip Code 48202	Amount of Each Disbursement this Period 784.00
	Purpose of Disbursement BALANCE DUE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) TAMACO	Transaction ID: SB21B.4118
	Mailing Address 7330 W. OUTER DRIVE	Date of Disbursement MM / DD / YYYY 05 / 05 / 2008
	City DETROIT State MI Zip Code 48235	Amount of Each Disbursement this Period 1583.25
	Purpose of Disbursement FUNDRAISER SUPPLIES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3156.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Fannie Lou Hamer Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) TAMACO</p> <p>Mailing Address 7330 W. OUTER DRIVE</p> <p>City DETROIT State MI Zip Code 48235</p> <p>Purpose of Disbursement LETTERHEAD</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.4120</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="249.70"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 1401 W. Fort St.</p> <p>City Detroit State MI Zip Code 48233</p> <p>Purpose of Disbursement POSTAGE STAMPS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.4127</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="205.00"/></p>

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

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