



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Friends of Bennie Thompson**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	138159.60	603387.43
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	138159.60	603387.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	126524.46	515570.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	875.65
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	126524.46	514694.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1345846.73	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Bennie Thompson**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9450.00	95000.00
(ii) Unitemized.....	200.00	3625.00
(iii) TOTAL of contributions from individuals ▶	9650.00	98625.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	128509.60	504762.43
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	138159.60	603387.43
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	875.65
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	5.19	19.17
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	138164.79	604282.25

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	126524.46	515570.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	1050.00	8725.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	127574.46	524295.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1335256.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	138164.79
25. SUBTOTAL (add Line 23 and Line 24).....	1473421.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	127574.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1345846.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 (Last, First, Middle Initial)  
**Ms. Ura Bailey**

Mailing Address 517 Ellsworth Drive

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Howard University Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : 40107.C14236**

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Blank**

Mailing Address 1600 N. Oak Street, Apt. 820

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wexler & Walker Vice Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : 40107.C14238**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Kim Childs**

Mailing Address 4100 Redwood Road, Suite 377

City State Zip Code  
Oakland CA 94619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gray, Greer, Shelby & Vaughn Chief Operating Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2013

**Transaction ID : 31009.C14218**

Amount of Each Receipt this Period  
1000.00

Memo  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Herman Cooper**

Mailing Address 4049 - 1st Street, SW

City Washington State DC Zip Code 20032

FEC ID number of contributing federal political committee. **C**

Name of Employer Bastech Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14237**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Devarieste Curry**

Mailing Address 728 5th Street, NE

City Washington State DC Zip Code 20002-4320

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14233**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Stephen Dickson**

Mailing Address 1334 East Peace Street

City Canton State MS Zip Code 39046

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14241**

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Gray, Greer, Shelby & Vaughn LLC**

Mailing Address 4100 Redwood Road, Suite 377

City	State	Zip Code
Oakland	CA	94619

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14205**

Amount of Each Receipt this Period  
 Receipt  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Berna Gunn-Williams**

Mailing Address 2544 34th Pl., SE

City	State	Zip Code
Washington	DC	20020

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Businesswoman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14234**

Amount of Each Receipt this Period  
 Receipt  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Mays**

Mailing Address 415 Main Street

City	State	Zip Code
Little Rock	AR	72201

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Mays Byrd & Associates	Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : 40107.C14228**

Amount of Each Receipt this Period  
 Receipt  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Wilbur T. Peer**

Mailing Address 13600 Water Fowl Way

City State Zip Code  
Upper Marlboro MD 20774

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Dept. of Agriculture Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 26 / 2013

**Transaction ID : 40107.C14239**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Tyrone Rodgers**

Mailing Address 2538 Ramsey Drive

City State Zip Code  
New Orleans LA 70131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Diamond Medical Group, LLC Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2013

**Transaction ID : 31009.C14204**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Randall Russell**

Mailing Address 940 Swinks Mill Road

City State Zip Code  
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Leshner & Russell Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 26 / 2013

**Transaction ID : 40107.C14231**

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Ms. Melanie Shelby</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 4100 Redwood Road, Suite 377		<b>Transaction ID : 31009.C14217</b>
City Oakland	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Gray, Greer, Shelby & Vaughn	Occupation Managing Director	Memo <b>[MEMO ITEM]</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Joe Waggoner</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 1458 Highland Park Drive		<b>Transaction ID : 40107.C14232</b>
City Jackson	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Waggoner Engineering, Inc.	Occupation Engineer	Receipt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank White Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 18613 Sir Thomas Way, #21		<b>Transaction ID : 40107.C14235</b>
City Silver Spring	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Advance Concepts	Occupation CEO	Receipt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Curtis Wright**

Mailing Address P.O. Box 2244

City Warner Robins State GA Zip Code 31099

FEC ID number of contributing federal political committee. **C**

Name of Employer Target Management Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14291**

Amount of Each Receipt this Period  
 Receipt 100.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

100.00

9450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**AAJ PAC**

Mailing Address **777 6th Street, NW, Suite 200**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 26 / 2013**

**Transaction ID : 40107.C14255**

Amount of Each Receipt this Period  
**2500.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Abbvie PAC**

Mailing Address **Dept. 0312, BLDG. AP6D2  
1 N. Waukegan Road**

City **North Chicago** State **IL** Zip Code **60064**

FEC ID number of contributing federal political committee. **C C00536573**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : 40107.C14224**

Amount of Each Receipt this Period  
**1000.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6262.43**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : 31024.C14219**

Amount of Each Receipt this Period  
**9.60**

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

**3509.60**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Action Comm. for Rural Electrification**

Mailing Address National Rural Electric Coop. Asso  
4301 Wilson Blvd.

City Arlington State VA Zip Code 22203-1860

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2013

**Transaction ID : 40107.C14281**

Amount of Each Receipt this Period  
1500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**AF PAC**

Mailing Address 1717 K Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00241380

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 26 / 2013

**Transaction ID : 40107.C14261**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**AFT-COPE**

Mailing Address 555 New Jersey Ave., N.W.

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 27 / 2013

**Transaction ID : 40107.C14292**

Amount of Each Receipt this Period  
1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Association PAC**

Mailing Address 1625 Massachusetts Ave. NW, 8th Fl

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : 40107.C14289**

Amount of Each Receipt this Period  
 Receipt 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Airlines For America A4A PAC**

Mailing Address 1301 Pennsylvania Ave., NW Suite 1

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00114694

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14294**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Alliant Techsystems Inc. Employee**

Mailing Address Citizenship Fund  
1300 Wilson Blvd., Suite 400

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14301**

Amount of Each Receipt this Period  
 Receipt 1500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**ALTIA PAC**

Mailing Address 101 Constitution Ave., NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00089136**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : 40107.C14275**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar Company PAC**

Mailing Address 101 North Third St.

City Moorhead State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14270**

Amount of Each Receipt this Period  
 Receipt 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar Company PAC**

Mailing Address 101 North Third St.

City Moorhead State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14300**

Amount of Each Receipt this Period  
 Receipt 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

6000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 78  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**American Federation of**

Mailing Address **Government Employees PAC**  
**80 F. Street, N.W.**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00009936**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 16 / 2013**

**Transaction ID : 40107.C14278**

Amount of Each Receipt this Period  
**1500.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**American Hospital Committee PAC**

Mailing Address **325 Seventh St. N.W., Suite 700**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 26 / 2013**

**Transaction ID : 40107.C14250**

Amount of Each Receipt this Period  
**1500.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**American Maritime Officers Voluntary PAF**

Mailing Address **2 W Dixie Hwy**

City **Dania** State **FL** Zip Code **33004**

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**6500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 26 / 2013**

**Transaction ID : 40107.C14249**

Amount of Each Receipt this Period  
**1500.00**

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 (Last, First, Middle Initial)  
**American Postal Workers Union**

Mailing Address Committee on Political Action  
1300 L St., NW, Suite 1000

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14216**

Amount of Each Receipt this Period  
 Receipt 1500.00

Election Cycle-to-Date  
 Receipt 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Science and Engineering Inc**

Mailing Address PAC  
829 Middlesex TPKE

City Billerica State MA Zip Code 01821

FEC ID number of contributing federal political committee. **C C00343020**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14244**

Amount of Each Receipt this Period  
 Receipt 1000.00

Election Cycle-to-Date  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Amgen Inc. PAC**

Mailing Address One Amgen Center Drive

City Newbury Park State CA Zip Code 91320

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : 31024.C14220**

Amount of Each Receipt this Period  
 Receipt 5000.00

Election Cycle-to-Date  
 Receipt 5000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

7500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Baker, Donelson, Bearman, Caldwell,**

Mailing Address & Berkowitz, PC PAC  
920 Massachusetts Ave., Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00431072**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14296**

Amount of Each Receipt this Period  
2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Balch and Bingham LLP Federal Political**

Mailing Address Committee  
1710 Sixth Ave., North Suite 325

City Birmingham State AL Zip Code 35203

FEC ID number of contributing federal political committee. **C C00358440**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14202**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Balch and Bingham LLP Federal Political**

Mailing Address Committee  
1710 Sixth Ave., North Suite 325

City Birmingham State AL Zip Code 35203

FEC ID number of contributing federal political committee. **C C00358440**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : 40107.C14286**

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Lee for Congress**

Mailing Address 1050 17th Street, NW, Suite 590

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00331769**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14203**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**BNSF Rail PAC**

Mailing Address P.O. Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : 40107.C14285**

Amount of Each Receipt this Period  
1500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Boeing Political Action Committee**

Mailing Address 1200 Wilson Blvd.

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : 40107.C14276**

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Boeing Political Action Committee**

Mailing Address 1200 Wilson Blvd.

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : 40107.C14277**

Amount of Each Receipt this Period  
4000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**BP Corporation America Inc. PAC**

Mailing Address 501 Westlake Park Blvd.

City State Zip Code  
Houston TX 77079

FEC ID number of contributing federal political committee. **C** C00060103

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : 40107.C14279**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Brotherhood of Locomotive Engineers**

Mailing Address and Trainmen PAC  
1370 Ontario Street

City State Zip Code  
Cleveland OH 44113-1702

FEC ID number of contributing federal political committee. **C** C00099234

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : 40107.C14253**

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Bunge North America, Inc. PAC**

Mailing Address 25 Massachusetts Ave., NW  
Suite 340

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00401687**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14273**

Amount of Each Receipt this Period  
 Receipt 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Center for Coastal Conservation PAC**

Mailing Address 701 8th Street, NW, Suite 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00435024**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14262**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CH2M Hill Companies, LTD. PAC**

Mailing Address 9191 S Jamaica St.

City Englewood State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C C00143305**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14265**

Amount of Each Receipt this Period  
 Receipt 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**CLIA PAC**

Mailing Address 2111 Wilson Blvd., No. 800

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C C00432393**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 27 2013

**Transaction ID : 40107.C14290**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CULAC the PAC of Credit Union National**

Mailing Address Association  
601 Pennsylvania Ave., NW, South B

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 19 2013

**Transaction ID : 40107.C14284**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CWA-COPE PCC**

Mailing Address 501 3rd St., NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00002089**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 09 2013

**Transaction ID : 31009.C14215**

Amount of Each Receipt this Period  
 Receipt 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>Duke Energy Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2013
Mailing Address 550 South Tryon Street		<b>Transaction ID : 40107.C14256</b>
City Charlotte	State NC	Zip Code 28202
FEC ID number of contributing federal political committee. C C00083535	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	Receipt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) <b>Eli Lilly and Company PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2013
Mailing Address Lilly Corporate Center		<b>Transaction ID : 40107.C14267</b>
City Indianapolis	State IN	Zip Code 46285
FEC ID number of contributing federal political committee. C C00082792	Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation	Receipt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>Employees of Northrop Grumman PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2013
Mailing Address 2980 Fairview Park Drive		<b>Transaction ID : 40107.C14222</b>
City Falls Church	State VA	Zip Code 22042
FEC ID number of contributing federal political committee. C C00088591	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	Receipt
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Enterprise Holdings, Inc. PAC**

Mailing Address 600 Corporate Park Drive

City Saint Louis State MO Zip Code 63105

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14214**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Enterprise Holdings, Inc. PAC**

Mailing Address 600 Corporate Park Drive

City Saint Louis State MO Zip Code 63105

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14268**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**General Dynamics Voluntary**

Mailing Address Political Contribution Plan  
 2941 Fairview Park Dr., #100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : 40107.C14288**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 3500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**General Electric Company PAC**

Mailing Address 1299 Pennsylvania Ave., NW, Ste. 1

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : 40107.C14229**

Amount of Each Receipt this Period  
 Receipt 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**GlaxoSmithKline PAC**

Mailing Address P.O. Box 13358

City Triangle Park State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C C00199703**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14271**

Amount of Each Receipt this Period  
 Receipt 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Huntington Ingalls Industries, Inc. PAC**

Mailing Address 300 M Street, SE, Suite 350

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00325092**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14212**

Amount of Each Receipt this Period  
 Receipt 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5000.00



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

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

FOR LINE NUMBER: PAGE 25 OF 78  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Huntington Ingalls Industries, Inc. PAC**

Mailing Address 300 M Street, SE, Suite 350

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00325092**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14211**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Ice Miller PAC**

Mailing Address One American Square, Suite 2900

City Indianapolis State IN Zip Code 46282

FEC ID number of contributing federal political committee. **C C00520973**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : 40107.C14227**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Johnson & Johnson PAC**

Mailing Address One Johnson & Johnson Plaza

City New Brunswick State NJ Zip Code 08933-7204

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14247**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 5000.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 26 OF 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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 (Last, First, Middle Initial)  
**Kansas City Southern Employees PAC**

Mailing Address P.O. Box 219335

City State Zip Code  
Kansas City MO 64121-9355

FEC ID number of contributing federal political committee. **C C00139451**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : 40107.C14263**

Amount of Each Receipt this Period  
1500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**L-3 Communications Corporation PAC**

Mailing Address 600 Third Avenue

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. **C C00338087**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : 40107.C14264**

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees PAC**

Mailing Address 1550 Crystal Drive, Suite 100

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 18 / 2013

**Transaction ID : 31024.C14221**

Amount of Each Receipt this Period  
1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees PAC**

Mailing Address 1550 Crystal Drive, Suite 100

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : 40107.C14280**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Manufactured Housing Institute PAC**

Mailing Address 2101 Wilson Boulevard, Suite 610

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00043463

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14245**

Amount of Each Receipt this Period  
 Receipt 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Marathon Petroleum Corporation Employees**

Mailing Address PAC  
539 South Main Street, Room 2635

City State Zip Code  
Findlay OH 45840

FEC ID number of contributing federal political committee. **C** C00496307

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : 40107.C14226**

Amount of Each Receipt this Period  
 Receipt 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**MAV6 EDGEFIGHTER PAC**

Mailing Address P.O. Box 16059

City Alexandria State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C C00507764**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14243**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**MDF PAC**

Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 58075

FEC ID number of contributing federal political committee. **C C00164939**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14269**

Amount of Each Receipt this Period  
1500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**MERCK PAC**

Mailing Address 601 Pennsylvania Avenue, NW  
North Building - Suite 1200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14246**

Amount of Each Receipt this Period  
1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

3500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Microsoft Corporation PAC**

Mailing Address P.O. Box 97017

City State Zip Code  
Redmond WA 98073-9717

FEC ID number of contributing federal political committee. **C C00227546**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 19 2013

**Transaction ID : 40107.C14282**

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**National Association of Realtors PAC**

Mailing Address 430 N. Michigan Ave.

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 22 2013

**Transaction ID : 40107.C14230**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**National Council of Farmer Cooperatives**

Mailing Address CO-OP/PAC  
50 F Street, NW, Suite 900

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00002238**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 26 2013

**Transaction ID : 40107.C14258**

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**National Multi Housing Council PAC**

Mailing Address 1850 M Street, NW, Suite 540

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : 40107.C14287**

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Nelson, Mullins, Riley & Scarborough**

Mailing Address Federal Political Committee  
P.O. Box 11070

City Columbia	State SC	Zip Code 29211-1070
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00278895

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14260**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**OSI Systems, Inc. PAC**

Mailing Address 1901 S. Bell Street, Suite 325

City Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00414896

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14259**

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**PEOPLE**

Mailing Address 1625 L Street, N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14295**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Pepsico Inc. Concerned Citizens Fund**

Mailing Address 700 Anderson Hill Road

City Purchase State NY Zip Code 10577

FEC ID number of contributing federal political committee. **C** C00039321

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14257**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**PFIZER, Inc. PAC**

Mailing Address 235 East 42nd Street

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : 40107.C14283**

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Plum Creek Timber Company GGF**

Mailing Address 999 Third Avenue, Suite 4300

City State Zip Code  
Seattle WA 98104

FEC ID number of contributing federal political committee. **C C00255224**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14272**

Amount of Each Receipt this Period  
 Receipt  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PPL People For Good Government-Federal**

Mailing Address Two North Ninth Street

City State Zip Code  
Allentown PA 18101

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14213**

Amount of Each Receipt this Period  
 Receipt  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**SPAD**

Mailing Address 5201 Auth Way

City State Zip Code  
Suitland MD 20746

FEC ID number of contributing federal political committee. **C C00004325**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14248**

Amount of Each Receipt this Period  
 Receipt  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A. Full Name (Last, First, Middle Initial)**  
**Sprint Nextel PAC**

Mailing Address 2001 Edmund Halley Dr.

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C C00089342**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14299**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B. Full Name (Last, First, Middle Initial)**  
**State Farm Mutual Automobile Insurance**

Mailing Address Federal PAC  
1 State Farm Plz., D-2

City Bloomington State IL Zip Code 61710-0001

FEC ID number of contributing federal political committee. **C C00544817**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14293**

Amount of Each Receipt this Period  
 Receipt 1500.00

**C. Full Name (Last, First, Middle Initial)**  
**TTD PAC**

Mailing Address 815 16th Street, NW, 4th Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00280909**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14254**

Amount of Each Receipt this Period  
 Receipt 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**U. S. Travel Association PAC**

Mailing Address 1100 New York Ave., NW  
Suite 450W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00457754**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14302**

Amount of Each Receipt this Period  
 Receipt 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**UAW-V-CAP**

Mailing Address 8000 E. Jefferson Ave.

City Detroit State MI Zip Code 48214

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : 40107.C14223**

Amount of Each Receipt this Period  
 Receipt 3000.00

**C.** Full Name (Last, First, Middle Initial)  
**Unisys Corporation Employee PAC**

Mailing Address 11720 Plaza America Drive, Tower 1

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C C00345603**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14242**

Amount of Each Receipt this Period  
 Receipt 1500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 (Last, First, Middle Initial)**  
**Unite Here Tip Campaign Committee**

Mailing Address 275 7th Avenue, 10th Floor

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C C00004861**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14210**

Amount of Each Receipt this Period  
5000.00

Receipt

**B. Full Name (Last, First, Middle Initial)**  
**USA Rice Federation PAC**

Mailing Address 2101 Wilson Blvd., Suite 610

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C C00308478**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2013

**Transaction ID : 31009.C14209**

Amount of Each Receipt this Period  
1000.00

Receipt

**C. Full Name (Last, First, Middle Initial)**  
**USA Rice Federation PAC**

Mailing Address 2101 Wilson Blvd., Suite 610

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C C00308478**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14298**

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**UTU PAC**

Mailing Address 14600 Detroit Avenue

City Cleveland State OH Zip Code 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : 40107.C14297**

Amount of Each Receipt this Period  
2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**WaterPAC National Rural Water Assoc. PC**

Mailing Address 2915 S 13th Street

City Duncan State OK Zip Code 73533

FEC ID number of contributing federal political committee. **C** C00202184

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14252**

Amount of Each Receipt this Period  
1500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**WaterPAC National Rural Water Assoc. PC**

Mailing Address 2915 S 13th Street

City Duncan State OK Zip Code 73533

FEC ID number of contributing federal political committee. **C** C00202184

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14251**

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A.** Full Name (Last, First, Middle Initial)  
**Zoetis Good Government Fund**

Mailing Address 701 8th Street, NW, Suite 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00541177

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : 40107.C14266**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

128509.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. 100 Black Men of Jackson, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2013</b>	
Mailing Address <b>P.O. Box 9514</b>			Amount of Each Disbursement this Period <b>250.00</b>	
City <b>Jackson</b>	State <b>MS</b>	Zip Code <b>39286-</b>	Transaction ID : <b>31024.E10703</b>	
Purpose of Disbursement <b>Ad</b>		Category/ Type		
Candidate Name			AD	
Office Sought:	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:			

Full Name (Last, First, Middle Initial) <b>B. Advanced Network Strategies, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2013</b>	
Mailing Address <b>236 Massachusetts Ave., N.E. #603</b>			Amount of Each Disbursement this Period <b>10070.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20002-</b>	Transaction ID : <b>40107.E10716</b>	
Purpose of Disbursement <b>Fundraising Expense</b>		Category/ Type		
Candidate Name			FUNDRAISING EXPENSE	
Office Sought:	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:			

Full Name (Last, First, Middle Initial) <b>c. Advanced Network Strategies, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 13 / 2013</b>	
Mailing Address <b>236 Massachusetts Ave., N.E. #603</b>			Amount of Each Disbursement this Period <b>5035.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20002-</b>	Transaction ID : <b>40107.E10772</b>	
Purpose of Disbursement <b>Fundraising Expense</b>		Category/ Type		
Candidate Name			FUNDRAISING EXPENSE	
Office Sought:	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).....	<b>15355.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 78			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Alpha Kappa Alpha Sorority, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2013</b>		
Mailing Address <b>1924 E. Alexander Street</b>			Amount of Each Disbursement this Period <b>300.00</b>		
City <b>Greenville</b>	State <b>MS</b>	Zip Code <b>38701-</b>	Transaction ID : <b>31024.E10700</b>		
Purpose of Disbursement <b>Ad</b>		Category/ Type			
Candidate Name		AD			
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:					

Full Name (Last, First, Middle Initial) <b>B. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>		
Mailing Address <b>P.O. Box 650448</b>			Amount of Each Disbursement this Period <b>57905.94</b>		
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75265-0448</b>	Transaction ID : <b>31024.E10662</b>		
Purpose of Disbursement <b>CREDIT CARD PAYMENT:SEE BELOW</b>		Category/ Type			
Candidate Name		CREDIT CARD PAYMENT:SEE BELOW			
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:					

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>		
Mailing Address <b>Hartsfield Atlanta International Airport</b>			Amount of Each Disbursement this Period <b>209.90</b>		
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30309-</b>	Transaction ID : <b>31024.E10663</b>		
Purpose of Disbursement <b>Travel Expense</b>		Category/ Type			
Candidate Name		[MEMO ITEM] MEMO: TRAVEL EXPENSE			
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).....	<b>58205.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 640.60
City Atlanta	State GA Zip Code 30309-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 31024.E10664
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 220.80
City Atlanta	State GA Zip Code 30309-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 31024.E10665
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address P.O. Box 2502		Amount of Each Disbursement this Period 379.80
City Winston Salem	State NC Zip Code 27102-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 31024.E10666
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Pican Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address 2295 Broadway, at 23rd Street		Amount of Each Disbursement this Period <b>2153.17</b>
City Oakland	State CA	
Zip Code 94612-	Purpose of Disbursement Fundraising Expense	<b>Transaction ID : 31024.E10667</b>
Candidate Name	Category/Type	
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)	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Westgate Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address 1055 2nd Ave.		Amount of Each Disbursement this Period <b>244.51</b>
City San Diego	State CA	
Zip Code 92101-	Purpose of Disbursement Travel Expense	<b>Transaction ID : 31024.E10668</b>
Candidate Name	Category/Type	
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)	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Westgate Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address 1055 2nd Ave.		Amount of Each Disbursement this Period <b>260.79</b>
City San Diego	State CA	
Zip Code 92101-	Purpose of Disbursement Travel Expense	<b>Transaction ID : 31024.E10669</b>
Candidate Name	Category/Type	
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)	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency New Orleans</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>601 Loyola Avenue</b>		Amount of Each Disbursement this Period <b>212.08</b>
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70113-</b>
Purpose of Disbursement <b>Travel Expense</b>	Category/Type	
Candidate Name	Transaction ID : <b>31024.E10670</b>	
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)	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stubhub</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>199 Fremont Street, Floor 4</b>		Amount of Each Disbursement this Period <b>6175.00</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105-</b>
Purpose of Disbursement <b>Fundraising Expense</b>	Category/Type	
Candidate Name	Transaction ID : <b>31024.E10671</b>	
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)	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stubhub</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>199 Fremont Street, Floor 4</b>		Amount of Each Disbursement this Period <b>20766.50</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105-</b>
Purpose of Disbursement <b>Fundraising Expense</b>	Category/Type	
Candidate Name	Transaction ID : <b>31024.E10672</b>	
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)	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Stubhub</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>199 Fremont Street, Floor 4</b>		Amount of Each Disbursement this Period <b>11419.80</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105-</b>
Purpose of Disbursement <b>Fundraising Expense</b>	Category/Type	
Candidate Name	Transaction ID : <b>31024.E10673</b>	
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)	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Royal Links Golf Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>5995 E Vegas Valley Drive</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89144-</b>
Purpose of Disbursement <b>Fundraising Expense</b>	Category/Type	
Candidate Name	Transaction ID : <b>31024.E10674</b>	
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)	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Royal Links Golf Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>5995 E Vegas Valley Drive</b>		Amount of Each Disbursement this Period <b>232.00</b>
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89144-</b>
Purpose of Disbursement <b>Fundraising Expense</b>	Category/Type	
Candidate Name	Transaction ID : <b>31024.E10675</b>	
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)	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

**A. Royal Links Golf Club**

Full Name (Last, First, Middle Initial)  
Mailing Address 5995 E Vegas Valley Drive

City Las Vegas State NV Zip Code 89144-

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 11 / 2013

Amount of Each Disbursement this Period: 1752.00

Transaction ID : 31024.E10676

**[MEMO ITEM]**  
MEMO: FUNDRAISING EXPENSE

**B. Aria Resort & Casino**

Full Name (Last, First, Middle Initial)  
Mailing Address 3730 Las Vegas Boulevard South

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 11 / 2013

Amount of Each Disbursement this Period: 860.72

Transaction ID : 31024.E10677

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

**c. Aria Resort & Casino**

Full Name (Last, First, Middle Initial)  
Mailing Address 3730 Las Vegas Boulevard South

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 11 / 2013

Amount of Each Disbursement this Period: 7776.46

Transaction ID : 31024.E10678

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Proshop Motorsports and Marine</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>8200 Dean Martin Drive</b>		Amount of Each Disbursement this Period <b>449.70</b>
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89139-</b>
Purpose of Disbursement <b>Fundraising Expense: Supplies</b>		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: _____	

**Transaction ID : 31024.E10679**  
**[MEMO ITEM]**  
MEMO: FUNDRAISING EXPENSE: SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Quality Inn</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address <b>5479 Westmoreland Plaza</b>		Amount of Each Disbursement this Period <b>238.05</b>
City <b>Douglasville</b>	State <b>GA</b>	Zip Code <b>30134-</b>
Purpose of Disbursement <b>Travel Expense</b>		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: _____	

**Transaction ID : 31024.E10680**  
**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2013</b>
Mailing Address <b>P.O. Box 650448</b>		Amount of Each Disbursement this Period <b>10534.34</b>
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75265-0448</b>
Purpose of Disbursement <b>CREDIT CARD PAYMENT:SEE BELOW</b>		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: _____	

**Transaction ID : 40107.E10718**  
CREDIT CARD PAYMENT:SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10534.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial)  
**A. National Car Rental**

Mailing Address Jackson International Airport

City Jackson State MS Zip Code 39209-

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2013

Amount of Each Disbursement this Period: 310.64

Transaction ID : 40107.E10719

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)  
**B. Hyatt Regency Washington on Capitol Hill**

Mailing Address 400 New Jersey Avenue, NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2013

Amount of Each Disbursement this Period: 1379.21

Transaction ID : 40107.E10720

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)  
**c. Enterprise Rent-A-Car**

Mailing Address Highway 80

City Clinton State MS Zip Code 39056-

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2013

Amount of Each Disbursement this Period: 233.01

Transaction ID : 40107.E10721

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address Highway 80		Amount of Each Disbursement this Period 233.01
City Clinton	State MS Zip Code 39056-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 40107.E10722
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address Highway 80		Amount of Each Disbursement this Period 233.01
City Clinton	State MS Zip Code 39056-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 40107.E10723
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Hilton Richmond Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 12042 West Broad Street		Amount of Each Disbursement this Period 494.44
City Richmond	State VA Zip Code 23233-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 40107.E10724
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Verizon Center</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 601 F Street, NW		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20004-	Purpose of Disbursement Fundraising Expense	
Candidate Name	Category/Type	Transaction ID : 40107.E10725
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>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Sugar</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 425 Massachusetts Avenue, NW, Suit		Amount of Each Disbursement this Period 575.00
City Washington State DC Zip Code 20001-	Purpose of Disbursement Catering	
Candidate Name	Category/Type	Transaction ID : 40107.E10726
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>[MEMO ITEM]</b> MEMO: CATERING

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address Highway 80		Amount of Each Disbursement this Period 286.04
City Clinton State MS Zip Code 39056-	Purpose of Disbursement Travel Expense	
Candidate Name	Category/Type	Transaction ID : 40107.E10727
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>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address Highway 80		Amount of Each Disbursement this Period 391.05
City Clinton	State MS	Zip Code 39056-
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name	Transaction ID : 40107.E10728	
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:	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 651.30
City Atlanta	State GA	Zip Code 30309-
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name	Transaction ID : 40107.E10729	
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:	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address Highway 80		Amount of Each Disbursement this Period 233.01
City Clinton	State MS	Zip Code 39056-
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name	Transaction ID : 40107.E10730	
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:	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 3724.14
City Dallas	State TX	Zip Code 75265-0448
Purpose of Disbursement CREDIT CARD PAYMENT:SEE BELOW		Transaction ID : 40107.E10752
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)	CREDIT CARD PAYMENT:SEE BELOW
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 302.30
City Atlanta	State GA	Zip Code 30309-
Purpose of Disbursement Travel Expense		Transaction ID : 40107.E10753
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)	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Americinn Lodge and Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 301 Centennial Street		Amount of Each Disbursement this Period 307.58
City Aberdeen	State SD	Zip Code 57401-
Purpose of Disbursement Travel Expense		Transaction ID : 40107.E10754
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)	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
State: District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3724.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial)  
**A. Capital Grille**

Mailing Address 601 Pennsylvania Ave., NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 04 / 2013

Amount of Each Disbursement this Period: 215.85

Transaction ID : 40107.E10755

**[MEMO ITEM]**  
MEMO: FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)  
**B. US Airways**

Mailing Address P.O. Box 2502

City Winston Salem State NC Zip Code 27102-

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 04 / 2013

Amount of Each Disbursement this Period: 289.80

Transaction ID : 40107.E10756

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)  
**c. US Airways**

Mailing Address P.O. Box 2502

City Winston Salem State NC Zip Code 27102-

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 04 / 2013

Amount of Each Disbursement this Period: 289.80

Transaction ID : 40107.E10757

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 78			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address P.O. Box 2502		Amount of Each Disbursement this Period 289.80
City Winston Salem	State NC	Zip Code 27102-
Purpose of Disbursement Travel Expense	Category/ Type	
Candidate Name	Transaction ID : 40107.E10758	
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:	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 395.60
City Atlanta	State GA	Zip Code 30309-
Purpose of Disbursement Travel Expense	Category/ Type	
Candidate Name	Transaction ID : 40107.E10759	
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:	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 689.40
City Atlanta	State GA	Zip Code 30309-
Purpose of Disbursement Travel Expense	Category/ Type	
Candidate Name	Transaction ID : 40107.E10760	
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:	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 6000.00
City Dallas	State TX	Zip Code 75265-0448
Purpose of Disbursement Fundraising Expense	Category/ Type	
Candidate Name	Transaction ID : 40107.E10773	
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)	FUNDRAISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 5123.76
City Dallas	State TX	Zip Code 75265-0448
Purpose of Disbursement CREDIT CARD PAYMENT:SEE BELOW	Category/ Type	
Candidate Name	Transaction ID : 40107.E10786	
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)	CREDIT CARD PAYMENT:SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period -715.60
City Atlanta	State GA	Zip Code 30309-
Purpose of Disbursement Travel Expense	Category/ Type	
Candidate Name	Transaction ID : 40107.E10787	
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)	[MEMO ITEM] MEMO: TRAVEL EXPENSE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11123.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 715.60
City Atlanta	State GA Zip Code 30309-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 40107.E10788
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 236.94
City Washington	State DC Zip Code 20004-	
Purpose of Disbursement Fundraising Expense	Candidate Name	Transaction ID : 40107.E10789
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Bristo Bis Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 15 E. Street, NW		Amount of Each Disbursement this Period 885.22
City Washington	State DC Zip Code 20001-	
Purpose of Disbursement Fundraising Expense	Candidate Name	Transaction ID : 40107.E10790
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial)  
**A. Capital Grille**

Mailing Address 601 Pennsylvania Ave., NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 27 / 2013

Amount of Each Disbursement this Period: 317.10

Transaction ID : 40107.E10791

**[MEMO ITEM]**  
MEMO: FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)  
**B. Verizon Center**

Mailing Address 601 F Street, NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 27 / 2013

Amount of Each Disbursement this Period: 1700.00

Transaction ID : 40107.E10792

**[MEMO ITEM]**  
MEMO: FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)  
**c. Delta Airlines**

Mailing Address Hartsfield Atlanta International Airport

City Atlanta State GA Zip Code 30309-

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 27 / 2013

Amount of Each Disbursement this Period: 583.60

Transaction ID : 40107.E10793

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Barnes and Nobles</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 3651 Jefferson Davis Hwy.		Amount of Each Disbursement this Period 217.19
City Alexandria	State VA	
Zip Code 22305-	Purpose of Disbursement Fundraising Expense	Transaction ID : 40107.E10794
Candidate Name	Category/Type	
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)	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 1950.00
City Washington	State DC	
Zip Code 20003-	Purpose of Disbursement Computer Software Hosting	Transaction ID : 40107.E10781
Candidate Name	Category/Type	
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)	COMPUTER SOFTWARE HOSTING
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address P.O. Box 105262		Amount of Each Disbursement this Period 303.99
City Atlanta	State GA	
Zip Code 30348-5262	Purpose of Disbursement Phone Services	Transaction ID : 31024.E10682
Candidate Name	Category/Type	
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)	PHONE SERVICES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2253.99
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address P.O. Box 105262		Amount of Each Disbursement this Period 303.47
City Atlanta	State GA	
Zip Code 30348-5262	Purpose of Disbursement Phone Services	PHONE SERVICES
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address P.O. Box 105262		Amount of Each Disbursement this Period 218.68
City Atlanta	State GA	
Zip Code 30348-5262	Purpose of Disbursement Phone Services	PHONE SERVICES
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 189.03
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Phone Services	PHONE SERVICES
Candidate Name	Category/ Type	
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).....	711.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 187.18
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Phone Services	Category/ Type PHONE SERVICES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 189.03
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Phone Services	Category/ Type PHONE SERVICES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Atmos Energy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address P.O. Box 790311		Amount of Each Disbursement this Period 32.40
City Saint Louis	State MO	
Zip Code 63179-0311	Purpose of Disbursement Utilities	Category/ Type UTILITIES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	408.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Atmos Energy</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address P.O. Box 790311			Amount of Each Disbursement this Period 33.52
City Saint Louis	State MO	Zip Code 63179-0311	
Purpose of Disbursement Utilities		Category/ Type	<b>Transaction ID : 40107.E10750</b>
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)		UTILITIES
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Atmos Energy</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address P.O. Box 790311			Amount of Each Disbursement this Period 37.50
City Saint Louis	State MO	Zip Code 63179-0311	
Purpose of Disbursement Utilities		Category/ Type	<b>Transaction ID : 40107.E10796</b>
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)		UTILITIES
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Monya Baldwin</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 4104 Byers Street			Amount of Each Disbursement this Period 1500.00
City Capitol Heights	State MD	Zip Code 20743-	
Purpose of Disbursement Fundraising Expense; Food		Category/ Type	<b>Transaction ID : 40107.E10717</b>
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)		FUNDRAISING EXPENSE; FOOD
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1571.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Cairo Wine &amp; Liquor</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 1618 17th Street, N.W.			Amount of Each Disbursement this Period 226.87
City Washington	State DC	Zip Code 20009-	
Purpose of Disbursement Fundraising Expense		Category/ Type	<b>Transaction ID : 40107.E10775</b>
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)		<b>FUNDRAISING EXPENSE</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CBC Political Education &amp; Leadership</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address Institute 413 New Jersey Ave., SE			Amount of Each Disbursement this Period 550.00
City Washington	State PA	Zip Code 20003-	
Purpose of Disbursement Fundraising Expense: Room Rental		Category/ Type	<b>Transaction ID : 31024.E10688</b>
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)		<b>FUNDRAISING EXPENSE: ROOM RENTAL</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CBC Political Education &amp; Leadership</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address Institute 413 New Jersey Ave., SE			Amount of Each Disbursement this Period 550.00
City Washington	State PA	Zip Code 20003-	
Purpose of Disbursement Fundraising Expense: Room Rental		Category/ Type	<b>Transaction ID : 31024.E10687</b>
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)		<b>FUNDRAISING EXPENSE: ROOM RENTAL</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1326.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Ms. Tonia Cowan</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013		
Mailing Address 211 Cedar Street			Amount of Each Disbursement this Period 200.00		
City Flora	State MS	Zip Code 39071-	Transaction ID : 31007.E10653		
Purpose of Disbursement Travel Expense		Category/ Type	TRAVEL EXPENSE		
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:					

Full Name (Last, First, Middle Initial) <b>B. Ms. Tonia Cowan</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013		
Mailing Address 211 Cedar Street			Amount of Each Disbursement this Period 150.00		
City Flora	State MS	Zip Code 39071-	Transaction ID : 31024.E10694		
Purpose of Disbursement Travel Expense		Category/ Type	TRAVEL EXPENSE		
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:					

Full Name (Last, First, Middle Initial) <b>c. Ms. Tonia Cowan</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013		
Mailing Address 211 Cedar Street			Amount of Each Disbursement this Period 150.00		
City Flora	State MS	Zip Code 39071-	Transaction ID : 40107.E10743		
Purpose of Disbursement Travel Expense		Category/ Type	TRAVEL EXPENSE		
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).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Ms. Tonia Cowan</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013	
Mailing Address 211 Cedar Street			Amount of Each Disbursement this Period 150.00	
City Flora	State MS	Zip Code 39071-	Transaction ID : 40107.E10797	
Purpose of Disbursement Travel Expense		Category/ Type	TRAVEL EXPENSE	
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:				

Full Name (Last, First, Middle Initial) <b>B. Democratic Properties Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013	
Mailing Address 430 South Capitol Street, SE			Amount of Each Disbursement this Period 300.00	
City Washington	State DC	Zip Code 20003-	Transaction ID : 40107.E10705	
Purpose of Disbursement Fundraising Expense; Room Rental		Category/ Type	FUNDRAISING EXPENSE; ROOM RENTAL	
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:				

Full Name (Last, First, Middle Initial) <b>c. Entergy</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013	
Mailing Address P.O. Box 8105			Amount of Each Disbursement this Period 162.58	
City Baton Rouge	State LA	Zip Code 70891-	Transaction ID : 31024.E10683	
Purpose of Disbursement Utilities		Category/ Type	UTILITIES	
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).....	612.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial)  
**A. Entergy**

Mailing Address P.O. Box 8105

City Baton Rouge State LA Zip Code 70891-

Purpose of Disbursement Utilities

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 08 / 2013

Amount of Each Disbursement this Period: 94.10

Transaction ID : 40107.E10734

UTILITIES

Full Name (Last, First, Middle Initial)  
**B. Entergy**

Mailing Address P.O. Box 8105

City Baton Rouge State LA Zip Code 70891-

Purpose of Disbursement Utilities

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 13 / 2013

Amount of Each Disbursement this Period: 56.14

Transaction ID : 40107.E10771

UTILITIES

Full Name (Last, First, Middle Initial)  
**c. Federal Express**

Mailing Address P.O. Box 660481

City Dallas State TX Zip Code 75266-0481

Purpose of Disbursement Overnight Delivery

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 11 / 2013

Amount of Each Disbursement this Period: 62.30

Transaction ID : 31024.E10681

OVERNIGHT DELIVERY

**SUBTOTAL** of Disbursements This Page (optional)..... 212.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 15 / 2013</b>
Mailing Address P.O. Box 660481		Amount of Each Disbursement this Period <b>71.70</b>
City Dallas	State TX	Zip Code 75266-0481
Purpose of Disbursement Overnight Delivery	Category/ Type	
Candidate Name	Transaction ID : <b>40107.E10738</b>	
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)	<b>OVERNIGHT DELIVERY</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 13 / 2013</b>
Mailing Address P.O. Box 660481		Amount of Each Disbursement this Period <b>19.47</b>
City Dallas	State TX	Zip Code 75266-0481
Purpose of Disbursement Overnight Delivery	Category/ Type	
Candidate Name	Transaction ID : <b>40107.E10766</b>	
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)	<b>OVERNIGHT DELIVERY</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Flowers &amp; Frames By Will, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2013</b>
Mailing Address P.O. Box 3036		Amount of Each Disbursement this Period <b>243.96</b>
City Jackson	State MS	Zip Code 39207-
Purpose of Disbursement Floral Arrangements	Category/ Type	
Candidate Name	Transaction ID : <b>31024.E10686</b>	
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)	<b>FLORAL ARRANGEMENTS</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>335.13</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Flowers &amp; Frames By Will, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address P.O. Box 3036		Amount of Each Disbursement this Period 71.69
City Jackson	State MS	Zip Code 39207-
Purpose of Disbursement Floral Arrangements	Category/ Type	
Candidate Name	Transaction ID : 40107.E10761	
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)	FLORAL ARRANGEMENTS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Huffman &amp; Company, CPA, P.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address P.O. Box 321330		Amount of Each Disbursement this Period 325.00
City Flowood	State MS	Zip Code 39232-1330
Purpose of Disbursement 2012 Tax Preparation	Category/ Type	
Candidate Name	Transaction ID : 40107.E10741	
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)	2012 TAX PREPARATION
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 2882.00
City Ogden	State UT	Zip Code 84201-0039
Purpose of Disbursement 2012 Tax Due	Category/ Type	
Candidate Name	Transaction ID : 40107.E10742	
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)	2012 TAX DUE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3278.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Milas Catering, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 1720 Lanier Place, NW		Amount of Each Disbursement this Period 982.50
City Washington State DC Zip Code 20009-	Purpose of Disbursement Fundraising Expense; Food	
Candidate Name		Transaction ID : 40107.E10732
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:	Category/Type	FUNDRAISING EXPENSE; FOOD

Full Name (Last, First, Middle Initial) <b>B. Milas Catering, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 1720 Lanier Place, NW		Amount of Each Disbursement this Period 667.00
City Washington State DC Zip Code 20009-	Purpose of Disbursement Fundraising Expense	
Candidate Name		Transaction ID : 40107.E10774
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:	Category/Type	FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) <b>c. MS Jazz Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address P.O. Box 4166		Amount of Each Disbursement this Period 250.00
City Jackson State MS Zip Code 39296-	Purpose of Disbursement Ad	
Candidate Name		Transaction ID : 40107.E10710
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:	Category/Type	AD

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1899.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2013</b>
Mailing Address 30 Ivy Street, SE			Amount of Each Disbursement this Period <b>746.76</b>
City Washington	State DC	Zip Code 20003-4701	<b>Transaction ID : 31024.E10697</b>
Purpose of Disbursement Club Charges		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CLUB CHARGES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 22 / 2013</b>
Mailing Address 30 Ivy Street, SE			Amount of Each Disbursement this Period <b>826.25</b>
City Washington	State DC	Zip Code 20003-4701	<b>Transaction ID : 40107.E10747</b>
Purpose of Disbursement Club Charges		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CLUB CHARGES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 20 / 2013</b>
Mailing Address 30 Ivy Street, SE			Amount of Each Disbursement this Period <b>346.88</b>
City Washington	State DC	Zip Code 20003-4701	<b>Transaction ID : 40107.E10784</b>
Purpose of Disbursement Club Charges		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CLUB CHARGES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1919.89</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Office Depot Credit Plan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 316.69
City Des Moines	State IA	
Zip Code 50368-9020	Purpose of Disbursement Office Supplies	Transaction ID : 31024.E10685
Candidate Name	Category/Type	
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)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Progressive Art and Civic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 223 South Colorado Street		Amount of Each Disbursement this Period 300.00
City Greenville	State MS	
Zip Code 38703-	Purpose of Disbursement Ad	Transaction ID : 31024.E10690
Candidate Name	Category/Type	
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)	AD
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vickie Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1114 Tucker Lane		Amount of Each Disbursement this Period 500.00
City Edwards	State MS	
Zip Code 39066-	Purpose of Disbursement Salary	Transaction ID : 31024.E10661
Candidate Name	Category/Type	
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)	SALARY
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1116.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Vickie Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2013</b>
Mailing Address 1114 Tucker Lane		Amount of Each Disbursement this Period <b>250.00</b>
City Edwards	State MS	
Zip Code 39066-	Purpose of Disbursement Salary	<b>Transaction ID : 31024.E10695</b>
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)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vickie Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2013</b>
Mailing Address 1114 Tucker Lane		Amount of Each Disbursement this Period <b>250.00</b>
City Edwards	State MS	
Zip Code 39066-	Purpose of Disbursement Salary	<b>Transaction ID : 40107.E10704</b>
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)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vickie Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2013</b>
Mailing Address 1114 Tucker Lane		Amount of Each Disbursement this Period <b>250.00</b>
City Edwards	State MS	
Zip Code 39066-	Purpose of Disbursement Salary	<b>Transaction ID : 40107.E10712</b>
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)	SALARY
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Vickie Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013	
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00	
City Edwards	State MS	Zip Code 39066-	Transaction ID : 40107.E10733	
Purpose of Disbursement Salary		Category/ Type	SALARY	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Vickie Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013	
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00	
City Edwards	State MS	Zip Code 39066-	Transaction ID : 40107.E10737	
Purpose of Disbursement Salary		Category/ Type	SALARY	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Vickie Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013	
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00	
City Edwards	State MS	Zip Code 39066-	Transaction ID : 40107.E10744	
Purpose of Disbursement Salary		Category/ Type	SALARY	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Vickie Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 40107.E10749</b>
City Edwards	State MS	Zip Code 39066-	
Purpose of Disbursement Salary		Category/ Type	SALARY
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: _____		

Full Name (Last, First, Middle Initial) <b>B. Vickie Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 40107.E10762</b>
City Edwards	State MS	Zip Code 39066-	
Purpose of Disbursement Salary		Category/ Type	SALARY
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: _____		

Full Name (Last, First, Middle Initial) <b>c. Vickie Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 40107.E10765</b>
City Edwards	State MS	Zip Code 39066-	
Purpose of Disbursement Salary		Category/ Type	SALARY
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).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Vickie Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 40107.E10782</b>
City Edwards	State MS	Zip Code 39066-	
Purpose of Disbursement Salary		Category/ Type	SALARY
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: _____		

Full Name (Last, First, Middle Initial) <b>B. Vickie Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00 <b>Transaction ID : 40107.E10785</b>
City Edwards	State MS	Zip Code 39066-	
Purpose of Disbursement Salary		Category/ Type	SALARY
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: _____		

Full Name (Last, First, Middle Initial) <b>c. Bennie Thompson</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 103 L.C. Turner Circle			Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : 40107.E10776</b>
City Bolton	State MS	Zip Code 39041-	
Purpose of Disbursement Fundraising Expense		Category/ Type	FUNDRAISING EXPENSE
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) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Town of Bolton Dev. Corp.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address P.O. Box 300			Amount of Each Disbursement this Period 5000.00
City Bolton	State MS	Zip Code 39041-	
Purpose of Disbursement Rent		Category/ Type	<b>Transaction ID : 40107.E10745</b>
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)		RENT
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Trustmark National Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address P.O. Box 291			Amount of Each Disbursement this Period 22.57
City Jackson	State MS	Zip Code 39205-0291	
Purpose of Disbursement Service Charge		Category/ Type	<b>Transaction ID : 40115.E10812</b>
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)		SERVICE CHARGE
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Trustmark National Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address P.O. Box 291			Amount of Each Disbursement this Period 2.50
City Jackson	State MS	Zip Code 39205-0291	
Purpose of Disbursement Service Charge		Category/ Type	<b>Transaction ID : 40115.E10811</b>
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)		SERVICE CHARGE
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5025.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 78			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Trustmark National Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address P.O. Box 291			Amount of Each Disbursement this Period 26.17
City Jackson	State MS	Zip Code 39205-0291	
Purpose of Disbursement Service Charge		Category/ Type	<b>Transaction ID : 40115.E10814</b>
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)		SERVICE CHARGE
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Trustmark National Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address P.O. Box 291			Amount of Each Disbursement this Period 2.50
City Jackson	State MS	Zip Code 39205-0291	
Purpose of Disbursement Service Charge		Category/ Type	<b>Transaction ID : 40115.E10813</b>
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)		SERVICE CHARGE
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Trustmark National Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address P.O. Box 291			Amount of Each Disbursement this Period 23.00
City Jackson	State MS	Zip Code 39205-0291	
Purpose of Disbursement Service Charge		Category/ Type	<b>Transaction ID : 40115.E10816</b>
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)		SERVICE CHARGE
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	51.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Trustmark National Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address P.O. Box 291			Amount of Each Disbursement this Period 2.50
City Jackson	State MS	Zip Code 39205-0291	
Purpose of Disbursement Service Charge		Category/ Type	<b>Transaction ID : 40115.E10815</b>
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)		SERVICE CHARGE
State: District:			

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address Madison Street			Amount of Each Disbursement this Period 58.00
City Bolton	State MS	Zip Code 39041-	
Purpose of Disbursement Box Rental		Category/ Type	<b>Transaction ID : 40107.E10751</b>
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)		BOX RENTAL
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Verizon Business</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address P.O. Box 660072			Amount of Each Disbursement this Period 29.92
City Dallas	State TX	Zip Code 75266-0072	
Purpose of Disbursement Long Distance Services		Category/ Type	<b>Transaction ID : 31024.E10684</b>
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)		LONG DISTANCE SERVICES
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Verizon Business</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address P.O. Box 660072		Amount of Each Disbursement this Period 31.06
City Dallas	State TX	
Zip Code 75266-0072	Purpose of Disbursement Long Distance Services	<b>Transaction ID : 40107.E10731</b>
Candidate Name	Category/ Type	
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)	LONG DISTANCE SERVICES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Business</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address P.O. Box 660072		Amount of Each Disbursement this Period 28.04
City Dallas	State TX	
Zip Code 75266-0072	Purpose of Disbursement Long Distance Services	<b>Transaction ID : 40107.E10770</b>
Candidate Name	Category/ Type	
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)	LONG DISTANCE SERVICES
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Fannie L. Ware</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 113 Choctaw Blvd.		Amount of Each Disbursement this Period 200.00
City Clinton	State MS	
Zip Code 39056-	Purpose of Disbursement Travel Expense	<b>Transaction ID : 31007.E10654</b>
Candidate Name	Category/ Type	
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)	TRAVEL EXPENSE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	259.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Ms. Fannie L. Ware</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013		
Mailing Address 113 Choctaw Blvd.			Amount of Each Disbursement this Period 117.90		
City Clinton	State MS	Zip Code 39056-	Transaction ID : 40107.E10783		
Purpose of Disbursement Travel Expense		Category/ Type			
Candidate Name		TRAVEL EXPENSE			
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:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		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:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		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).....	117.90
<b>TOTAL</b> This Period (last page this line number only).....	124884.03

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 78	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Bennie Thompson**

Full Name (Last, First, Middle Initial) <b>A. Jackson-Hinds MVSU Alumni Chapter</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2013</b>	
Mailing Address P.O. Box 9868			Amount of Each Disbursement this Period <b>350.00</b>	
City <b>Jackson</b>	State <b>MS</b>	Zip Code <b>39286-</b>	Transaction ID : <b>40107.E10708</b>	
Purpose of Disbursement <b>DONATION</b>		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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:			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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).....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>350.00</b>