

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Bennie Thompson

ADDRESS (number and street)

P.O. Box 100

Check if different than previously reported. (ACC)

Bolton

MS

39041

2. FEC IDENTIFICATION NUMBER ▼

C C00279851

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MS

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Reuben V. Anderson

Signature of Treasurer Reuben V. Anderson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

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))....	95609.60	698997.03
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94609.60	697997.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	36088.24	551658.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	233.50	1109.15
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35854.74	550549.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1376212.64	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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).....	15600.00	110600.00
(ii) Unitemized.....	500.00	4125.00
(iii) TOTAL of contributions from individuals ▶	16100.00	114725.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	79509.60	584272.03
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	95609.60	698997.03
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.)	233.50	1109.15
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	6.05	25.22
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	95849.15	700131.40

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36088.24	551658.68
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).....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS	28395.00	37120.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	65483.24	589778.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1345846.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	95849.15
25. SUBTOTAL (add Line 23 and Line 24).....	1441695.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65483.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1376212.64

**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 56
	<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. Kim Childs

Mailing Address 4100 Redwood Road, Suite 377

City: Oakland State: CA Zip Code: 94619

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 0.00

Date of Receipt: 02 / 05 / 2014

Transaction ID : 40409.C14322

Amount of Each Receipt this Period: 425.00

Memo: **[MEMO ITEM]**

B. Full Name (Last, First, Middle Initial)
Mr. Z David DeLoach

Mailing Address 10119 Tunica Trce.

City: Saint Francisville State: LA Zip Code: 70775-5611

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

Name of Employer: Deloach Marine Services, LLC Occupation: President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 19 / 2014

Transaction ID : 40409.C14327

Amount of Each Receipt this Period: 1000.00

Receipt

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

Mailing Address 4100 Redwood Road, Suite 377

City: Oakland State: CA Zip Code: 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: 2850.00

Date of Receipt: 02 / 05 / 2014

Transaction ID : 40409.C14318

Amount of Each Receipt this Period: 850.00

Receipt

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

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

1850.00

**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 56
	<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. Robert L. Harris

Mailing Address 4082 Sequoyah Road

City	State	Zip Code
Oakland	CA	94605

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : 40409.C14317

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
MS Band of Choctaw Indians

Mailing Address P.O. Box 6010 Choctaw Branch

City	State	Zip Code
Philadelphia	MS	39350

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

Name of Employer	Occupation
N/A	N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : 40115.C14307

Amount of Each Receipt this Period
 Receipt 2500.00

C. Full Name (Last, First, Middle Initial)
MS Band of Choctaw Indians

Mailing Address P.O. Box 6010 Choctaw Branch

City	State	Zip Code
Philadelphia	MS	39350

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

Name of Employer	Occupation
N/A	N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : 40115.C14306

Amount of Each Receipt this Period
 Receipt 2500.00

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

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

5250.00

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

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

FOR LINE NUMBER: PAGE 7 OF 56
(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)
Ms. Cecelia James

Mailing Address 3921 SW 106th Terrace

City State Zip Code
Fort Lauderdale FL 33328-2145

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

Name of Employer Occupation
C&C International CEO

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
 03 31 2014

Transaction ID : 40409.C14369

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ms. Alease Jones

Mailing Address 6727 Hwy. 62

City State Zip Code
Burlington NC 27217

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

Name of Employer Occupation
North Carolina Public Schools Teacher

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
 02 19 2014

Transaction ID : 40409.C14326

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dr. Frankie Jones

Mailing Address 6727 Hwy 62

City State Zip Code
Burlington NC 27217

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

Name of Employer Occupation
Retired Retired

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
 02 19 2014

Transaction ID : 40409.C14325

Amount of Each Receipt this Period
2500.00

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 8 OF 56
	<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)
Dr. Frankie Jones

Mailing Address 6727 Hwy 62

City Burlington State NC Zip Code 27217

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : 40409.C14324

Amount of Each Receipt this Period
1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mr. Fred Miller Jr.

Mailing Address P.O. Box 24

City Anguilla State MS Zip Code 38721

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

Name of Employer Bank of Anguilla Occupation Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : 40409.C14331

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Attorney Alan Moore

Mailing Address 1510 Pinehurst Pl.

City Jackson State MS Zip Code 39202

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 10 / 2014

Transaction ID : 40115.C14304

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 9 OF 56
	<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)
Ms. Melanie Shelby

Mailing Address 4100 Redwood Road, Suite 377

City: Oakland State: CA Zip Code: 94619

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

Name of Employer: Gray, Greer, Shelby & Vaughn Occupation: Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 0.00

Date of Receipt: 02 / 05 / 2014

Transaction ID : 40409.C14323

Amount of Each Receipt this Period: 425.00

Memo: **[MEMO ITEM]**

B. Full Name (Last, First, Middle Initial)
Mr. Russell Stewart

Mailing Address 98 East First Street

City: Anguilla State: MS Zip Code: 38721

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

Name of Employer: Bank of Anguilla Occupation: Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 25 / 2014

Transaction ID : 40409.C14332

Amount of Each Receipt this Period: 500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mr. Edward Williamson

Mailing Address P.O. Box 588

City: Philadelphia State: MS Zip Code: 39350

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: 1000.00

Date of Receipt: 01 / 10 / 2014

Transaction ID : 40115.C14308

Amount of Each Receipt this Period: 1000.00

Receipt

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

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

1500.00

15600.00

**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 10 OF 56
	<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)
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 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
6272.03

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : 40409.C14329

Amount of Each Receipt this Period
9.60

Receipt

B. Full Name (Last, First, Middle Initial)
American Gas Association PAC

Mailing Address 400 N Capitol St., N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00007450**

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
03 / 31 / 2014

Transaction ID : 40409.C14372

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
American Sugar Cane League PAC

Mailing Address P.O. Drawer 938

City State Zip Code
Thibodaux LA 70302

FEC ID number of contributing federal political committee. **C C00081414**

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
03 / 31 / 2014

Transaction ID : 40409.C14374

Amount of Each Receipt this Period
1000.00

Receipt

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

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

3009.60

**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 11 OF 56
	<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)
BAE Systems USA PAC

Mailing Address 1101 Wilson Blvd.

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00281212**

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
 03 / 31 / 2014

Transaction ID : 40409.C14356

Amount of Each Receipt this Period
1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Bakery, Confectionary, Tobacco Workers

Mailing Address & Grain Millers International Unio
10401 Connecticut Avenue

City State Zip Code
Kensington MD 20895-3961

FEC ID number of contributing federal political committee. **C C00249359**

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
 03 / 31 / 2014

Transaction ID : 40409.C14364

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Barnes & Thornburg PAC

Mailing Address 11 South Meridian Street

City State Zip Code
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C C00395947**

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
 01 / 10 / 2014

Transaction ID : 40115.C14305

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 12 OF 56
	<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)
BP Corporation America Inc. PAC

Mailing Address 501 Westlake Park Blvd.

City Houston State TX Zip Code 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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40409.C14370

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Comcast Corporation PAC

Mailing Address 1701 JFK Boulevard, 49th Floor

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00248716**

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
 03 / 05 / 2014

Transaction ID : 40409.C14348

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
CSX Corporation Good Government Fund

Mailing Address 1331 Pennsylvania Ave., NW, Ste. 5

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40409.C14366

Amount of Each Receipt this Period
3500.00

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 13 OF 56
	<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. Deloitte Federal PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 365
 City Washington State DC Zip Code 20044
 FEC ID number of contributing federal political committee. **C C00211318**
 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 Y
 03 / 05 / 2014
Transaction ID : 40409.C14340
 Amount of Each Receipt this Period
2500.00
 Receipt

B. DTE Energy Co. PAC-Federal
 Full Name (Last, First, Middle Initial)
 Mailing Address One Energy Plaza
 City Detroit State MI Zip Code 48226
 FEC ID number of contributing federal political committee. **C C00081547**
 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
 03 / 31 / 2014
Transaction ID : 40409.C14359
 Amount of Each Receipt this Period
1500.00
 Receipt

C. Duke Energy Corporation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 South Tryon Street
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C C00083535**
 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
 03 / 05 / 2014
Transaction ID : 40409.C14344
 Amount of Each Receipt this Period
500.00
 Receipt

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

4500.00
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 14 OF 56
	<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)
Duke Energy Corporation PAC

Mailing Address 550 South Tryon Street

City State Zip Code
Charlotte NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : 40409.C14345

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address 425 West Capitol Ave., Suite 40B

City State Zip Code
Little Rock AR 72203

FEC ID number of contributing federal political committee. **C** C00363879

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
03 / 31 / 2014

Transaction ID : 40409.C14358

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 600 Corporate Park Drive

City State Zip Code
Saint Louis MO 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
7500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2014

Transaction ID : 40409.C14320

Amount of Each Receipt this Period
2500.00

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 15 OF 56
	<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 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
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40409.C14365

Amount of Each Receipt this Period
1500.00

Receipt

B. 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
8000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40409.C14371

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Institute of Makers of Explosive PAC

Mailing Address 1120 19th Street, NW, Suite 310

City Washington State DC Zip Code 20036-3614

FEC ID number of contributing federal political committee. **C** C00135590

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
 03 / 05 / 2014

Transaction ID : 40409.C14342

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 16 OF 56
	<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)
Intl Brotherhood of Boilermakers

Mailing Address Campaign of Assistance Fund
753 State Ave., Suite 565

City Kansas City State KS Zip Code 66101-2511

FEC ID number of contributing federal political committee. **C C00005157**

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
 02 / 25 / 2014

Transaction ID : 40409.C14335

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Intl Brotherhood of Boilermakers

Mailing Address Campaign of Assistance Fund
753 State Ave., Suite 565

City Kansas City State KS Zip Code 66101-2511

FEC ID number of contributing federal political committee. **C C00005157**

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 Y
 02 / 25 / 2014

Transaction ID : 40409.C14334

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
International Paper PAC

Mailing Address 1101 Pennsylvania Avenue, NW
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00034405**

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
 03 / 31 / 2014

Transaction ID : 40409.C14362

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 17 OF 56
	<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)
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
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : 40409.C14347

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Laborers International Union North

Mailing Address America PAC
905 16th Street, NW, 2nd Floor

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : 40409.C14339

Amount of Each Receipt this Period
1000.00

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
6000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : 40409.C14354

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 18 OF 56
	<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 Arlington State VA Zip Code 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
7000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : 40409.C14353

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lorillard Tobacco Company Public Affairs

Mailing Address Committee
714 Green Valley Road

City Greensboro State NC Zip Code 27408

FEC ID number of contributing federal political committee. **C** C00112888

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
 01 / 10 / 2014

Transaction ID : 40115.C14310

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Motorola Solutions, Inc. PAC

Mailing Address 1455 Pennsylvania Ave., NW
Suite 900

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00075341

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
 03 / 05 / 2014

Transaction ID : 40409.C14346

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 56
	<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)
MS Power Company Federal PAC

Mailing Address 2992 West Beach Blvd.

City State Zip Code
Gulfport MS 39502

FEC ID number of contributing federal political committee. **C** C00144147

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
 01 / 10 / 2014

Transaction ID : 40115.C14309

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 1325 Massachusetts Avenue, N.W.

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

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
 03 / 05 / 2014

Transaction ID : 40409.C14349

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Norfolk Southern Corp Good Govt Fund

Mailing Address Three Commercial Place

City State Zip Code
Norfolk VA 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40409.C14367

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL 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 20 OF 56
	<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)
Nuclear Energy Institute Federal PAC

Mailing Address 1776 I Street, NW, 4th Street

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00239848**

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
 03 / 31 / 2014

Transaction ID : 40409.C14373

Amount of Each Receipt this Period
 Receipt 2500.00

B. 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

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : 40409.C14343

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Power PAC of the Edison Electric

Mailing Address Institute
701 Pennsylvania Ave., NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00095869**

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
 03 / 31 / 2014

Transaction ID : 40409.C14360

Amount of Each Receipt this Period
 Receipt 1000.00

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 21 OF 56
	<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)
Raytheon PAC

Mailing Address 1100 Wilson Blvd., Ste. 1500

City: Arlington State: VA Zip Code: 22209-2297

FEC ID number of contributing federal political committee: **C C00097568**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 03 / 2014

Transaction ID : 40409.C14338

Amount of Each Receipt this Period: 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Regions Financial Corporation PAC

Mailing Address 1015 15th Street, NW, Suite 920

City: Washington State: DC Zip Code: 20005

FEC ID number of contributing federal political committee: **C C00432252**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 03 / 05 / 2014

Transaction ID : 40409.C14341

Amount of Each Receipt this Period: 1500.00

Receipt

C. Full Name (Last, First, Middle Initial)
SEIU COPE

Mailing Address 1800 Massachusetts Ave., NW

City: Washington State: DC Zip Code: 20036

FEC ID number of contributing federal political committee: **C C00004036**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 6000.00

Date of Receipt: 01 / 24 / 2014

Transaction ID : 40127.C14314

Amount of Each Receipt this Period: 5000.00

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 22 OF 56
	<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)
Sheet Metal Workers International

Mailing Address Association Political Action League
1750 New York Ave., N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

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
03 / 31 / 2014

Transaction ID : 40409.C14363

Amount of Each Receipt this Period
3000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Spectra Energy-DCP PAC

Mailing Address 5400 Westheimer Court

City Houston State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C** C00429662

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
03 / 31 / 2014

Transaction ID : 40409.C14361

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
T-Mobile PAC

Mailing Address 401 9th Street, NW, Suite 550

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00361758

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
03 / 05 / 2014

Transaction ID : 40409.C14350

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 23 OF 56
<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)
The Goldman SACHS Group, INC. PAC

Mailing Address 101 Constitution Ave., NW Suite 10

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00350744**

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
 03 / 05 / 2014

Transaction ID : 40409.C14351

Amount of Each Receipt this Period
 Receipt 1500.00

B. Full Name (Last, First, Middle Initial)
Trinity Industries Employee PAC (SF) Inc

Mailing Address 2525 Stemmons Fwy.

City Dallas State TX Zip Code 75207

FEC ID number of contributing federal political committee. **C C00268904**

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
 02 / 25 / 2014

Transaction ID : 40409.C14333

Amount of Each Receipt this Period
 Receipt 1000.00

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

Mailing Address 430 First St., S.E., Suite 100

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00002881**

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
 03 / 24 / 2014

Transaction ID : 40409.C14355

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 24 OF 56
	<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)
TYCO International Employees PAC

Mailing Address 9 Roszel Road

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C C00113753**

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
 02 / 05 / 2014

Transaction ID : 40409.C14321

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Union Pacific Corporation Fund for

Mailing Address Effective Government
600 Thirteenth Street, NW Suite 34

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40409.C14368

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Wal-Mart Stores, Inc. PAC

Mailing Address for Responsible Government
702 SW 8th Street

City State Zip Code
Bentonville AR 72716-0150

FEC ID number of contributing federal political committee. **C C00093054**

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
 03 / 31 / 2014

Transaction ID : 40409.C14357

Amount of Each Receipt this Period
1000.00

Receipt

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

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

8000.00

79509.60

**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 25 OF 56
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
Internal Revenue Service

Mailing Address Internal Revenue Service

City Ogden State UT Zip Code 84201-0039

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
233.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2014

Transaction ID : 40409.C14328

Amount of Each Receipt this Period
233.50

Offsets to Operating Expenditu

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).....

233.50

233.50

**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 26 OF 56	
	<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. Advanced Network Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 236 Massachusetts Ave., N.E. #603		Amount of Each Disbursement this Period 5035.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement Fundraising Expense	Transaction ID : 40127.E10823
Candidate Name	Category/Type	FUNDRAISING 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. Advanced Network Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 236 Massachusetts Ave., N.E. #603		Amount of Each Disbursement this Period 5035.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement Fundraising Expense	Transaction ID : 40409.E10852
Candidate Name	Category/Type	FUNDRAISING 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) C. Advanced Network Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 236 Massachusetts Ave., N.E. #603		Amount of Each Disbursement this Period 5075.45
City Washington State DC Zip Code 20002-	Purpose of Disbursement Fundraising Expense	Transaction ID : 40409.E10896
Candidate Name	Category/Type	FUNDRAISING 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:		

SUBTOTAL of Disbursements This Page (optional).....	15145.45
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 27 OF 56	
	<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. American Express		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 3880.09
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement CREDIT CARD PAYMENT:SEE BELOW	Transaction ID : 40409.E10834
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)	CREDIT CARD PAYMENT:SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
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	Transaction ID : 40409.E10836
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: TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
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	Transaction ID : 40409.E10837
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: TRAVEL EXPENSE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3880.09
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 28 OF 56			
	<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. US Airways		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
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	Transaction ID : 40409.E10838
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: TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. Capital Grille		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 277.00
City Washington	State DC	
Zip Code 20004-	Purpose of Disbursement Fundraising Expense	Transaction ID : 40409.E10839
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) c. Capital Grille		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 395.30
City Washington	State DC	
Zip Code 20004-	Purpose of Disbursement Fundraising Expense	Transaction ID : 40409.E10840
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:		

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 29 OF 56			
	<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. Delta Airlines		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 846.00
City Atlanta	State GA	
Zip Code 30309-	Purpose of Disbursement Travel Expense	Transaction ID : 40409.E10841
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: TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. Isle of Capri Casino Lula		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 777 Isle of Capri Parkway		Amount of Each Disbursement this Period 319.63
City Lula	State MS	
Zip Code 38644-	Purpose of Disbursement Fundraising Expense	Transaction ID : 40409.E10842
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) c. Isle of Capri Casino Lula		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 777 Isle of Capri Parkway		Amount of Each Disbursement this Period 294.16
City Lula	State MS	
Zip Code 38644-	Purpose of Disbursement Fundraising Expense	Transaction ID : 40409.E10843
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:		

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 30 OF 56			
	<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. Verizon Center		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 601 F Street, NW		Amount of Each Disbursement this Period 1401.31
City Washington	State DC	
Zip Code 20004-		Transaction ID : 40409.E10844
Purpose of Disbursement Fundraising Expense	Category/Type	
Candidate Name		[MEMO ITEM] MEMO: FUNDRAISING 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. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 6134.64
City Dallas	State TX	
Zip Code 75265-0448		Transaction ID : 40409.E10872
Purpose of Disbursement CREDIT CARD PAYMENT:SEE BELOW	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) c. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 644.00
City Atlanta	State GA	
Zip Code 30309-		Transaction ID : 40409.E10873
Purpose of Disbursement Travel Expense	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:		

SUBTOTAL of Disbursements This Page (optional).....	6134.64
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 31 OF 56			
	<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. Delta Airlines			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address Hartsfield Atlanta International Airport			Amount of Each Disbursement this Period 401.00
City Atlanta	State GA	Zip Code 30309-	
Purpose of Disbursement Travel Expense		Category/ Type	Transaction ID : 40409.E10874
Candidate Name			
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: TRAVEL EXPENSE
State:	District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address Hartsfield Atlanta International Airport			Amount of Each Disbursement this Period 445.00
City Atlanta	State GA	Zip Code 30309-	
Purpose of Disbursement Travel Expense		Category/ Type	Transaction ID : 40409.E10875
Candidate Name			
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: TRAVEL EXPENSE
State:	District:		

Full Name (Last, First, Middle Initial) c. Capital Grille			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 601 Pennsylvania Ave., NW			Amount of Each Disbursement this Period 496.95
City Washington	State DC	Zip Code 20004-	
Purpose of Disbursement Fundraising Expense		Category/ Type	Transaction ID : 40409.E10876
Candidate Name			
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE
State:	District:		

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 32 OF 56	
	<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. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 644.00
City Atlanta	State GA Zip Code 30309-	
Purpose of Disbursement Travel Expense	Category/Type	Transaction ID : 40409.E10877
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)	[MEMO ITEM] MEMO: TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address Hartsfield Atlanta International Airport		Amount of Each Disbursement this Period 579.00
City Atlanta	State GA Zip Code 30309-	
Purpose of Disbursement Travel Expense	Category/Type	Transaction ID : 40409.E10878
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)	[MEMO ITEM] MEMO: TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) c. Hyatt Regency Chesapeake Bay		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 100 Heron Blvd. at Route 50		Amount of Each Disbursement this Period 1150.00
City Cambridge	State MD Zip Code 21613-	
Purpose of Disbursement Travel Expense	Category/Type	Transaction ID : 40409.E10879
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)	[MEMO ITEM] MEMO: TRAVEL EXPENSE
State: District:		

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 33 OF 56	
	<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. Hyatt Regency Chesapeake Bay		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 100 Heron Blvd. at Route 50		Amount of Each Disbursement this Period 1150.00
City Cambridge	State MD Zip Code 21613-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 40409.E10880
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. CBC Foundation		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 1720 Massachusetts Ave., NW		Amount of Each Disbursement this Period 550.00
City Washington	State DC Zip Code 20036-	
Purpose of Disbursement Fundraising Expense	Candidate Name	Transaction ID : 40409.E10881
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) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 450.00
City Dallas	State TX Zip Code 75265-0448	
Purpose of Disbursement Annual Membership Fee	Candidate Name	Transaction ID : 40409.E10882
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: ANNUAL MEMBERSHIP FEE

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 34 OF 56	
	<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. Aristotle International, Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 205 Pennsylvania Ave., SE			Amount of Each Disbursement this Period 1950.00	
City Washington	State DC	Zip Code 20003-	Transaction ID : 40409.E10895	
Purpose of Disbursement Computer Software Hosting		Category/ Type		
Candidate Name			COMPUTER SOFTWARE HOSTING	
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. AT&T			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address P.O. Box 105262			Amount of Each Disbursement this Period 223.84	
City Atlanta	State GA	Zip Code 30348-5262	Transaction ID : 40115.E10801	
Purpose of Disbursement Phone Services		Category/ Type		
Candidate Name			PHONE SERVICES	
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) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address P.O. Box 105262			Amount of Each Disbursement this Period 224.32	
City Atlanta	State GA	Zip Code 30348-5262	Transaction ID : 40409.E10853	
Purpose of Disbursement Phone Services		Category/ Type		
Candidate Name			PHONE SERVICES	
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:			

SUBTOTAL of Disbursements This Page (optional).....	2398.16
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 35 OF 56			
	<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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address P.O. Box 105262		Amount of Each Disbursement this Period 224.51
City Atlanta	State GA	
Zip Code 30348-5262	Purpose of Disbursement Phone Services	Transaction ID : 40409.E10887
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:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address P.O. Box 5014		Amount of Each Disbursement this Period 55.00
City Carol Stream	State IL	
Zip Code 60197-5014	Purpose of Disbursement internet Services	Transaction ID : 40127.E10820
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)	INTERNET SERVICES
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address P.O. Box 5014		Amount of Each Disbursement this Period 55.00
City Carol Stream	State IL	
Zip Code 60197-5014	Purpose of Disbursement Internet Services	Transaction ID : 40409.E10851
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)	INTERNET SERVICES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	334.51
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 36 OF 56	
	<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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address P.O. Box 5014		Amount of Each Disbursement this Period 55.00
City Carol Stream	State IL	
Zip Code 60197-5014	Purpose of Disbursement Internet Services	Transaction ID : 40409.E10890
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)	INTERNET SERVICES
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 189.28
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Phone Services	Transaction ID : 40127.E10818
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:		

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 189.28
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Phone Services	Transaction ID : 40409.E10850
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:		

SUBTOTAL of Disbursements This Page (optional).....	433.56
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 37 OF 56			
	<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. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 189.28
City Carol Stream	State IL	Zip Code 60197-6463
Purpose of Disbursement Phone Services	Category/ Type	
Candidate Name	Transaction ID : 40409.E10889	
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:		

Full Name (Last, First, Middle Initial) B. Atmos Energy		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address P.O. Box 790311		Amount of Each Disbursement this Period 49.47
City Saint Louis	State MO	Zip Code 63179-0311
Purpose of Disbursement Utilities	Category/ Type	
Candidate Name	Transaction ID : 40409.E10830	
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) c. Atmos Energy		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address P.O. Box 790311		Amount of Each Disbursement this Period 44.08
City Saint Louis	State MO	Zip Code 63179-0311
Purpose of Disbursement Utilities	Category/ Type	
Candidate Name	Transaction ID : 40409.E10870	
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:		

SUBTOTAL of Disbursements This Page (optional).....	282.83
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 38 OF 56			
	<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. Consolidated Catfish Producers, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period 256.80
City Isola	State MS	Zip Code 38754-
Purpose of Disbursement Fundraising Expense	Category/Type	
Candidate Name	Transaction ID : 40115.E10806	
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. Ms. Tonia Cowan		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 211 Cedar Street		Amount of Each Disbursement this Period 150.00
City Flora	State MS	Zip Code 39071-
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name	Transaction ID : 40409.E10828	
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:		

Full Name (Last, First, Middle Initial) c. Ms. Tonia Cowan		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 211 Cedar Street		Amount of Each Disbursement this Period 150.00
City Flora	State MS	Zip Code 39071-
Purpose of Disbursement Travel Expense	Category/Type	
Candidate Name	Transaction ID : 40409.E10865	
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:		

SUBTOTAL of Disbursements This Page (optional).....	556.80
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 39 OF 56			
	<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) A. Ms. Tonia Cowan		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 211 Cedar Street		Amount of Each Disbursement this Period 150.00
City Flora	State MS	
Zip Code 39071-		Transaction ID : 40409.E10901
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. Deluxe For Business		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address P.O. Box 742572		Amount of Each Disbursement this Period 121.21
City Cincinnati	State OH	
Zip Code 45274-2572		Transaction ID : 40127.E10821
Purpose of Disbursement Office Supplies	Category/ Type	
Candidate Name		OFFICE SUPPLIES
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) c. Entergy		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address P.O. Box 8105		Amount of Each Disbursement this Period 46.53
City Baton Rouge	State LA	
Zip Code 70891-		Transaction ID : 40127.E10819
Purpose of Disbursement Utilities	Category/ Type	
Candidate Name		UTILITIES
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:		

SUBTOTAL of Disbursements This Page (optional).....	317.74
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 40 OF 56			
	<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		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address P.O. Box 8105		Amount of Each Disbursement this Period 56.42
City Baton Rouge	State LA	
Zip Code 70891-	Purpose of Disbursement Utilities	Transaction ID : 40409.E10854
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)	UTILITIES
State: District:		

Full Name (Last, First, Middle Initial) B. Entergy		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address P.O. Box 8105		Amount of Each Disbursement this Period 49.65
City Baton Rouge	State LA	
Zip Code 70891-	Purpose of Disbursement Utilities	Transaction ID : 40409.E10886
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)	UTILITIES
State: District:		

Full Name (Last, First, Middle Initial) c. Federal Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address P.O. Box 660481		Amount of Each Disbursement this Period 43.14
City Dallas	State TX	
Zip Code 75266-0481	Purpose of Disbursement Overnight Delivery	Transaction ID : 40115.E10800
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)	OVERNIGHT DELIVERY
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	149.21
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 41 OF 56			
	<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. Federal Express		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address P.O. Box 660481		Amount of Each Disbursement this Period 70.10
City Dallas	State TX	
Zip Code 75266-0481	Purpose of Disbursement Overnight Delivery	Transaction ID : 40409.E10848
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)	OVERNIGHT DELIVERY
State: District:		

Full Name (Last, First, Middle Initial) B. Federal Express		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address P.O. Box 660481		Amount of Each Disbursement this Period 53.99
City Dallas	State TX	
Zip Code 75266-0481	Purpose of Disbursement Overnight Delivery	Transaction ID : 40409.E10888
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)	OVERNIGHT DELIVERY
State: District:		

Full Name (Last, First, Middle Initial) c. Flowers & Frames By Will, Inc.		Date of Disbursement MM / DD / YYYY 01 / 10 / 2014
Mailing Address P.O. Box 3036		Amount of Each Disbursement this Period 53.50
City Jackson	State MS	
Zip Code 39207-	Purpose of Disbursement Floral Arrangement	Transaction ID : 40115.E10802
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)	FLORAL ARRANGEMENT
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	177.50
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 42 OF 56			
	<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) A. Flowers & Frames By Will, Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address P.O. Box 3036			Amount of Each Disbursement this Period 78.11
City Jackson	State MS	Zip Code 39207-	
Purpose of Disbursement Floral Arrangement	Candidate Name		Transaction ID : 40409.E10871
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		FLORAL ARRANGEMENT

Full Name (Last, First, Middle Initial) B. Greenville (MS) Alumni Chapter of			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Kappa Alpha Psi Fraternity, Inc. P.O. Box 4006			Amount of Each Disbursement this Period 300.00
City Greenville	State MS	Zip Code 38704-	
Purpose of Disbursement Ad	Candidate Name		Transaction ID : 40115.E10808
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

Full Name (Last, First, Middle Initial) c. Milas Catering, Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 1720 Lanier Place, NW			Amount of Each Disbursement this Period 513.50
City Washington	State DC	Zip Code 20009-	
Purpose of Disbursement Fundraising Expense; Food	Candidate Name		Transaction ID : 40409.E10884
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

SUBTOTAL of Disbursements This Page (optional).....	891.61
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 43 OF 56			
	<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 Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 216.26 Transaction ID : 40127.E10822
City Washington State DC Zip Code 20003-4701	Purpose of Disbursement Club Charges	
Candidate Name	Category/Type	CLUB CHARGES
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. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 90.00 Transaction ID : 40409.E10849
City Washington State DC Zip Code 20003-4701	Purpose of Disbursement Club Charges	
Candidate Name	Category/Type	CLUB CHARGES
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) c. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 110.63 Transaction ID : 40409.E10899
City Washington State DC Zip Code 20003-4701	Purpose of Disbursement Club Charges	
Candidate Name	Category/Type	CLUB CHARGES
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:		

SUBTOTAL of Disbursements This Page (optional).....	416.89
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 44 OF 56			
	<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. Vickie Robinson			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00	
City Edwards	State MS	Zip Code 39066-	Transaction ID : 40107.E10798	
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. Vickie Robinson			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00	
City Edwards	State MS	Zip Code 39066-	Transaction ID : 40115.E10799	
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) C. Vickie Robinson			Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014	
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00	
City Edwards	State MS	Zip Code 39066-	Transaction ID : 40127.E10817	
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:				

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 56			
	<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. Vickie Robinson			Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014	
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00	
City Edwards	State MS	Zip Code 39066-	Transaction ID : 40127.E10825	
Purpose of Disbursement Salary		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:	SALARY		

Full Name (Last, First, Middle Initial) B. Vickie Robinson			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00	
City Edwards	State MS	Zip Code 39066-	Transaction ID : 40409.E10829	
Purpose of Disbursement Salary		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:	SALARY		

Full Name (Last, First, Middle Initial) c. Vickie Robinson			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00	
City Edwards	State MS	Zip Code 39066-	Transaction ID : 40409.E10833	
Purpose of Disbursement Salary		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:	SALARY		

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 46 OF 56			
	<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. Vickie Robinson			Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00 Transaction ID : 40409.E10847
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. Vickie Robinson			Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00 Transaction ID : 40409.E10858
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) c. Vickie Robinson			Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 1114 Tucker Lane			Amount of Each Disbursement this Period 250.00 Transaction ID : 40409.E10866
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: _____		

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 56			
	<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. Vickie Robinson		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 1114 Tucker Lane		Amount of Each Disbursement this Period 250.00 Transaction ID : 40409.E10868
City Edwards	State MS	
Zip Code 39066-	Purpose of Disbursement Salary	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:	SALARY

Full Name (Last, First, Middle Initial) B. Vickie Robinson		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1114 Tucker Lane		Amount of Each Disbursement this Period 250.00 Transaction ID : 40409.E10885
City Edwards	State MS	
Zip Code 39066-	Purpose of Disbursement Salary	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:	SALARY

Full Name (Last, First, Middle Initial) c. Vickie Robinson		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 1114 Tucker Lane		Amount of Each Disbursement this Period 250.00 Transaction ID : 40409.E10892
City Edwards	State MS	
Zip Code 39066-	Purpose of Disbursement Salary	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:	SALARY

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 48 OF 56			
	<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. Vickie Robinson		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1114 Tucker Lane		Amount of Each Disbursement this Period 250.00
City Edwards	State MS	
Zip Code 39066-	Purpose of Disbursement Salary	Transaction ID : 40409.E10900
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:		

Full Name (Last, First, Middle Initial) B. Sams Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address P.O. Box 659783		Amount of Each Disbursement this Period 190.00
City San Antonio	State TX	
Zip Code 78265-9783	Purpose of Disbursement Membership Renewal	Transaction ID : 40115.E10803
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)	MEMBERSHIP RENEWAL
State: District:		

Full Name (Last, First, Middle Initial) c. Trustmark National Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
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	Transaction ID : 40409.E10921
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)	SERVICE CHARGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	442.50
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 49 OF 56			
	<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. Trustmark National Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address P.O. Box 291		Amount of Each Disbursement this Period 20.56
City Jackson	State MS	
Zip Code 39205-0291	Purpose of Disbursement Service Charge	Transaction ID : 40409.E10922
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)	SERVICE CHARGE
State: District:		

Full Name (Last, First, Middle Initial) B. Trustmark National Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address P.O. Box 291		Amount of Each Disbursement this Period 20.39
City Jackson	State MS	
Zip Code 39205-0291	Purpose of Disbursement Service Charge	Transaction ID : 40409.E10924
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)	SERVICE CHARGE
State: District:		

Full Name (Last, First, Middle Initial) c. Trustmark National Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
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	Transaction ID : 40409.E10923
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)	SERVICE CHARGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	43.45
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 50 OF 56	
	<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. Trustmark National Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. Box 291		Amount of Each Disbursement this Period 24.46
City Jackson	State MS	
Zip Code 39205-0291	Purpose of Disbursement Service Charge	Transaction ID : 40409.E10926
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)	SERVICE CHARGE
State: District:		

Full Name (Last, First, Middle Initial) B. Trustmark National Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
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	Transaction ID : 40409.E10925
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)	SERVICE CHARGE
State: District:		

Full Name (Last, First, Middle Initial) c. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address Madison Street		Amount of Each Disbursement this Period 460.00
City Bolton	State MS	
Zip Code 39041-	Purpose of Disbursement Postage	Transaction ID : 40127.E10827
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)	POSTAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	486.96
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 51 OF 56			
	<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. Verizon Business		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address P.O. Box 660072		Amount of Each Disbursement this Period 32.39
City Dallas	State TX	
Zip Code 75266-0072	Purpose of Disbursement Long Distance Services	Transaction ID : 40115.E10804
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. Verizon Business		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. Box 660072		Amount of Each Disbursement this Period 33.26
City Dallas	State TX	
Zip Code 75266-0072	Purpose of Disbursement Long Distance Services	Transaction ID : 40409.E10835
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) c. Verizon Business		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address P.O. Box 660072		Amount of Each Disbursement this Period 26.64
City Dallas	State TX	
Zip Code 75266-0072	Purpose of Disbursement Long Distance Service	Transaction ID : 40409.E10869
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 SERVICE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	92.29
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 56	
	<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. Ms. Fannie L. Ware		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 113 Choctaw Blvd.		Amount of Each Disbursement this Period 48.34
City Clinton	State MS	
Zip Code 39056-	Purpose of Disbursement Travel Expense	Transaction ID : 40409.E10867
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:		

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

SUBTOTAL of Disbursements This Page (optional).....	48.34
TOTAL This Period (last page this line number only).....	35232.62

**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 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. SEIU COPE		Date of Disbursement
Mailing Address 1800 Massachusetts Ave., NW		M M / D D / Y Y Y Y 03 / 31 / 2014
City Washington	State DC	Zip Code 20036-
Purpose of Disbursement Refund of Contribution Refund of Contrib	Category/ Type 010	Amount of Each Disbursement this Period 1000.00
Candidate Name SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)		Transaction ID : 40411.E10928
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.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
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) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
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:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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 56			
	<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) A. Beatty For Congress		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address P.O. Box 172		Amount of Each Disbursement this Period 2500.00 Transaction ID : 40409.E10859
City Columbus	State OH	
Zip Code 43216-	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
Candidate Name BEATTY FOR CONGRESS	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. Horsford For Congress		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 6100 Elton Avenue, Suite 1000		Amount of Each Disbursement this Period 2500.00 Transaction ID : 40409.E10860
City Las Vegas	State NV	
Zip Code 89107-	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
Candidate Name HORSFORD FOR CONGRESS	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) c. Jeffries For Congress		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address P.O. Box 380320		Amount of Each Disbursement this Period 2500.00 Transaction ID : 40409.E10861
City Brooklyn	State NY	
Zip Code 11238-	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
Candidate Name JEFFRIES FOR CONGRESS	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:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
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 55 OF 56
	<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) A. Robin Kelly For Congress		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address P.O. Box 6983		Amount of Each Disbursement this Period 2500.00 Transaction ID : 40409.E10862
City Chicago	State IL	
Zip Code 60608-	Purpose of Disbursement CAMPAIGN CONTRIBUTION	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. MS Political Action Committee		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address P.O. Box 613		Amount of Each Disbursement this Period 5000.00 Transaction ID : 40409.E10832
City Bolton	State MS	
Zip Code 39041-	Purpose of Disbursement CAMPAIGN CONTRIBUTION	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) C. Donald M. Payne Jr For Congress		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address P.O. Box 2406		Amount of Each Disbursement this Period 5000.00 Transaction ID : 40409.E10863
City Newark	State NJ	
Zip Code 07114-	Purpose of Disbursement CAMPAIGN CONTRIBUTION	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:	

SUBTOTAL of Disbursements This Page (optional).....	12500.00
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 56	
	<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) A. Second District PAC		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address P.O. Box 53		Amount of Each Disbursement this Period 5000.00
City Bolton State MS Zip Code 39041-	Purpose of Disbursement CONTRIBUTION	
Candidate Name		Category/Type
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)	Transaction ID : 40409.E10846
State: District:		

Full Name (Last, First, Middle Initial) B. Marc Veasey Congressional Campaign		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address Committee P.O. Box 50084		Amount of Each Disbursement this Period 2500.00
City Fort Worth State TX Zip Code 76105-	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
Candidate Name MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE		Category/Type
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)	Transaction ID : 40409.E10864
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	27500.00