

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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** 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 _____ in the State of _____

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

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 03 31 2009

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 Electronically Filed by Reuben V. Anderson Date 04 13 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Bennie Thompson

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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)).....	84886.00	104511.00
(b) Total Contribution Refunds (from Line 20(d)).....	2000.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	82886.00	102511.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	157626.69	216469.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	752.40	885.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	156874.29	215583.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1206181.85	
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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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).....

18600.00

24400.00

(ii) Unitemized.....

586.00

1411.00

(iii) TOTAL of contributions

19186.00

25811.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

65700.00

78700.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

84886.00

104511.00

(add Lines 11(a)(iii), (b), (c), and (d))

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.).....

752.40

885.68

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

969.10

3290.20

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

86607.50

108686.88

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	157626.69	216469.27
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.....	2000.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2000.00	2000.00
21. OTHER DISBURSEMENTS.....	4925.00	7175.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	164551.69	225644.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1284126.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	86607.50
25. SUBTOTAL (add Line 23 and Line 24).....	1370733.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	164551.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1206181.85

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
ACIPAC

Mailing Address 1775 K Street, NW, Suite 500

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00341800

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 90401.C10908

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

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

Mailing Address 1625 Massachusetts Ave. NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 90401.C10899

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Amalgamated Transit Union COPE

Mailing Address 5025 Wisconsin Ave., N.W.

City State Zip Code
Washington DC 20016-4139

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 90401.C10913

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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: PAGE 6 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
American Chemistry Council PAC
Mailing Address 1300 Wilson Blvd.
City Arlington State VA Zip Code 22209
FEC ID number of contributing federal political committee. **C** C00252338
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 03 / 12 / 2009
Transaction ID: 90401.C10917
Amount of Each Receipt this Period: 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Federation of
Mailing Address Government Employees PAC
80 F. Street, N.W.
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00009936
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt: 03 / 12 / 2009
Transaction ID: 90401.C10919
Amount of Each Receipt this Period: 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Forest & Paper Assoc. PAC
Mailing Address 1111 19th Street, NW, Suite 800
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00029348
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 03 / 12 / 2009
Transaction ID: 90401.C10910
Amount of Each Receipt this Period: 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 9000.00
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: PAGE 7 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Arkema PAC
Mailing Address 2000 Market Street
City Philadelphia State PA Zip Code 19103-3222
FEC ID number of contributing federal political committee. **C** C00182980
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt MM / DD / YYYY
03 / 12 / 2009
Transaction ID: 90401.C10911
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
BASF Corporation Employees PAC
Mailing Address 100 Campus Drive
City Florham Park State NJ Zip Code 07932
FEC ID number of contributing federal political committee. **C** C00340075
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt MM / DD / YYYY
03 / 12 / 2009
Transaction ID: 90401.C10920
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Con-Way Inc. PAC
Mailing Address 2855 Campus Dr., Suite 300
City San Mateo State CA Zip Code 94403-2512
FEC ID number of contributing federal political committee. **C** C00110759
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt MM / DD / YYYY
03 / 12 / 2009
Transaction ID: 90401.C10906
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 5000.00
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: PAGE 8 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

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

Mailing Address 1007 Market Street, BMP30-1318

City State Zip Code
Wilmington DE 19898

FEC ID number of contributing federal political committee. **C** C00171926

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 90401.C10894

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
EADS North America: Americans For

Mailing Address Competition In Aerospace PAC
1616 N Fort Myer Drive, Ste. 1600

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00421230

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 90401.C10914

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. 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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 0 2 / 2 0 0 9

Transaction ID: 90225.C10880

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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: PAGE 9 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: 90401.C10918
 Amount of Each Receipt this Period: 2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Holland & Knight Committee for

Mailing Address Effective Government
2099 Pennsylvania Ave., N.W., Ste

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: 90401.C10897
 Amount of Each Receipt this Period: 1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Holland & Knight Committee for

Mailing Address Effective Government
2099 Pennsylvania Ave., N.W., Ste

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: 90401.C10896
 Amount of Each Receipt this Period: 3000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **7000.00**

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 10 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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) Holland & Knight Committee for	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address Effective Government 2099 Pennsylvania Ave., N.W., Ste	Transaction ID: 90401.C10921
	City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C C00171330	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4700.00	Fundraising Expense

B.	Full Name (Last, First, Middle Initial) Institute of Makers of Explosive PAC	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 1120 19th Street, NW, Suite 310	Transaction ID: 90401.C10912
	City Washington State DC Zip Code 20036-3614	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00135590	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Intl Brotherhood of Boilermakers	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address BlackSmiths LEAP 753 State Ave., Suite 565	Transaction ID: 90401.C10895
	City Kansas City State KS Zip Code 66101-2511	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C C00006338	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	3700.00
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: PAGE 11 / 52
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: 90401.C10909

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
MGM Mirage PAC

Mailing Address 591 Redwood Highway #4000

City State Zip Code
Mill Valley CA 94941

FEC ID number of contributing federal political committee. **C** C00299321

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 15 / 2009

Transaction ID: 90127.C10865

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
MGM Mirage PAC

Mailing Address 591 Redwood Highway #4000

City State Zip Code
Mill Valley CA 94941

FEC ID number of contributing federal political committee. **C** C00299321

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 15 / 2009

Transaction ID: 90127.C10866

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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: PAGE 12 / 52

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Motorola Inc. PAC

Mailing Address 1350 I Street, NW, Suite 400

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 12 / 2009

Transaction ID: 90401.C10900

Amount of Each Receipt this Period

1500.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 12 / 2009

Transaction ID: 90401.C10898

Amount of Each Receipt this Period

1000.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
National Alliance for Political Action

Mailing Address 1628 11th Street, N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00076836

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 12 / 2009

Transaction ID: 90401.C10892

Amount of Each Receipt this Period

2500.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

5000.00

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: PAGE 13 / 52
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Occidental Petroleum Corporation PAC

Mailing Address 10889 Wilshire Blvd.

City State Zip Code
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2009

Transaction ID: 90401.C10903

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Texans For Henry Cuellar Congressional

Mailing Address Campaign
1519 Washington

City State Zip Code
Laredo TX 78040

FEC ID number of contributing federal political committee. **C** C00371302

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2009

Transaction ID: 90401.C10916

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1750 H Sreet, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00107128

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2009

Transaction ID: 90401.C10907

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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: PAGE 14 / 52
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

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

Mailing Address 888 16th St., N.W. Ste. 650

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: 90401.C10893
Amount of Each Receipt this Period: 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 83142

City Gaithersburg State MD Zip Code 20883

FEC ID number of contributing federal political committee. **C** C00369660

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: 90401.C10904
Amount of Each Receipt this Period: 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wexler & Walker Public Policy Assoc. PAC

Mailing Address 1317 F. Street, NW, Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00248195

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: 90401.C10901
Amount of Each Receipt this Period: 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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: PAGE 15 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
Weyerhaeuser Company PAC

Mailing Address P.O. Box 9777 CH1M31

City State Zip Code
Federal Way WA 98063

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2009

Transaction ID: 90401.C10902

Amount of Each Receipt this Period
 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	65700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Robert Adams

Mailing Address 107 Boulder Creek Pkwy.

City State Zip Code
Lafayette LA 70508

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

Name of Employer Occupation
Global Security Systems President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 0 2 / 2 0 0 9

Transaction ID: 90225.C10871

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Frank Bonanno

Mailing Address 2600 S. Rainbow Blvd.

City State Zip Code
Las Vegas NV 89146

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

Name of Employer Occupation
Fifth Ave. Ice Cream of Nevada Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: 90127.C10864

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bill Brewster

Mailing Address P.O. Box 459

City State Zip Code
Batesville TX 78829

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

Name of Employer Occupation
Self Lobbyist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 2 / 2 0 0 9

Transaction ID: 90401.C10889

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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: PAGE 17 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A. Full Name (Last, First, Middle Initial) Sharon Bridges</p> <p>Mailing Address 190 East Capitol Street</p> <p>City State Zip Code Jackson MS 39201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bruinni Group Attorney</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 03 / 12 / 2009</p> <p>Transaction ID: 90401.C10915</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Howard Brown</p> <p>Mailing Address P.O. Box 3261</p> <p>City State Zip Code Jackson MS 39211</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bruinni Group Attorney</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 03 / 12 / 2009</p> <p>Transaction ID: 90401.C10885</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Julia Chaney</p> <p>Mailing Address 13106 Ogles Hope Dr.</p> <p>City State Zip Code Bowie MD 20720</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Capitol Hill Consulting Group Lobbyist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 12 / 2009</p> <p>Transaction ID: 90401.C10891</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

SUBTOTAL of Receipts This Page (optional)	1750.00
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: PAGE 18 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Lorenzo Creighton

Mailing Address 53 Soaring Bird Court

City State Zip Code
Las Vegas NV 89135

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

Name of Employer Occupation
Park Place Entertainment Vice President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 90127.C10862

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Linda Daschle

Mailing Address 2830 Foxhall Road, NW

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Baker Donelson Law Office Co-Chair

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	9

Transaction ID: 90401.C10888

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Juliette Eboh

Mailing Address 480 South Park Street

City State Zip Code
Detroit MI 48215

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

Name of Employer Occupation
MGM Grand Detroit Senior Vice President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: 90127.C10860

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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: PAGE 19 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	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)
Martin Frost

Mailing Address 417 N St., Asaph St.

City Alexandria State VA Zip Code 22314

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

Name of Employer Posinelli Occupation Lobbyist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2009

Transaction ID: 90401.C10887

Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
John Fullenwider

Mailing Address P.O. Box 2020

City Oxford State MS Zip Code 38655

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

Name of Employer University Medical Center Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2009

Transaction ID: 90225.C10877

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Charles E. Griffin

Mailing Address P.O. Box 968

City Jackson State MS Zip Code 39205

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

Name of Employer Self Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2009

Transaction ID: 90225.C10876

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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: PAGE 20 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A. Full Name (Last, First, Middle Initial) Yvonne Horton</p> <p>Mailing Address P.O. Box 202</p> <p>City State Zip Code Bolton MS 39041</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Lobbyist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 02 / 2009</p> <p>Transaction ID: 90225.C10873</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Dorothy Jackson</p> <p>Mailing Address 1504 Red Oak Drive</p> <p>City State Zip Code Silver Spring MD 20910</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AGA Occupation Vice President</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 02 / 2009</p> <p>Transaction ID: 90225.C10879</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Phyllis James</p> <p>Mailing Address 3600 Las Vegas Blvd. S</p> <p>City State Zip Code Las Vegas NV 89109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MGM Mirage Occupation Senior Vice President</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 01 / 15 / 2009</p> <p>Transaction ID: 90127.C10861</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

SUBTOTAL of Receipts This Page (optional)	2500.00
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: PAGE 21 / 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Rock Newman

Mailing Address 8840 Canyon Springs Drive

City State Zip Code
Las Vegas NV 89117

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

Name of Employer Self Occupation Promotions

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: 90127.C10863

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Kevin ODonovan

Mailing Address 6110 Woodmont Road

City State Zip Code
Alexandria VA 22307

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

Name of Employer Shell Oil Company Occupation Director

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: 90401.C10890

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Lisa Ross

Mailing Address P.O. Box 11264

City State Zip Code
Jackson MS 39283

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

Name of Employer Self Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: 90401.C10905

Amount of Each Receipt this Period
750.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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: PAGE 22 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	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)
John Thomas

Mailing Address 7676 Hwy. 395

City Noxapater State MS Zip Code 39346-9802

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

Name of Employer Self Occupation Businessman

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 17 / 2009

Transaction ID: 90225.C10883

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Worth Thomas

Mailing Address P.O. Box 774

City Jackson State MS Zip Code 39205

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

Name of Employer Self Occupation Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 02 / 02 / 2009

Transaction ID: 90225.C10874

Amount of Each Receipt this Period 350.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Sam Waggoner

Mailing Address P.O. Box 596

City Carthage State MS Zip Code 39051

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

Name of Employer CCI Occupation Telecommunications

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2009

Transaction ID: 90225.C10870

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2350.00

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 23 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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) Phillip West		Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 8 Sun Court		Transaction ID: 90225.C10878
	City Natchez	State MS	Zip Code 39120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Great River Foundation	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) R.O. Williams		Date of Receipt MM / DD / YYYY 01 / 09 / 2009
	Mailing Address P.O. Box 6691		Transaction ID: 90127.C10859
	City Dlberville	State MS	Zip Code 39540
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Central State Troopers	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Robert Wilson		Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address P.O. Box 2088		Transaction ID: 90225.C10881
	City Jasper	State AL	Zip Code 35502
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	18600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 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)
WHLH

Mailing Address 1375 Beasley Road

City State Zip Code
Jackson MS 39206-

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
743.25

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: 90127.C10858

Amount of Each Receipt this Period
743.25

Offsets to Operating Expenditure
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	743.25
TOTAL This Period (last page this line number only)	▶	743.25

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Trustmark National Bank
Mailing Address P.O. Box 291

City State Zip Code
Jackson MS 39205-0291

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2891.91

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 9

Transaction ID: 90409.C10961

Amount of Each Receipt this Period
570.81

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Trustmark National Bank
Mailing Address P.O. Box 291

City State Zip Code
Jackson MS 39205-0291

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3173.54

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 0 9

Transaction ID: 90409.C10962

Amount of Each Receipt this Period
281.63

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Trustmark National Bank
Mailing Address P.O. Box 291

City State Zip Code
Jackson MS 39205-0291

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3290.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 90409.C10963

Amount of Each Receipt this Period
116.66

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **969.10**

TOTAL This Period (last page this line number only) ► **969.10**

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
Advanced Network Strategies, LLC

Transaction ID: 90127.E7259

Mailing Address 236 Massachusetts Ave., N.E. #603

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

City Washington State DC Zip Code 20002-

Amount of Each Disbursement this Period

4035.00

Purpose of Disbursement
Fundraising Expense

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

FUNDRAISING EXPENSE

State: District:

B.

Full Name (Last, First, Middle Initial)
Advanced Network Strategies, LLC

Transaction ID: 90225.E7273

Mailing Address 236 Massachusetts Ave., N.E. #603

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	0	9

City Washington State DC Zip Code 20002-

Amount of Each Disbursement this Period

5387.00

Purpose of Disbursement
Fundraising Expense

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

FUNDRAISING EXPENSE

State: District:

C.

Full Name (Last, First, Middle Initial)
Advanced Network Strategies, LLC

Transaction ID: 90401.E7311

Mailing Address 236 Massachusetts Ave., N.E. #603

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	9

City Washington State DC Zip Code 20002-

Amount of Each Disbursement this Period

4035.00

Purpose of Disbursement
Fundraising Expense

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

FUNDRAISING EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional)

13457.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 90127.E7237 Date of Disbursement 01 / 09 / 2009
	Mailing Address P.O. Box 650448	Amount of Each Disbursement this Period 15886.32
	City Dallas State TX Zip Code 75265-0448	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment; See Below	CREDIT CARD PAYMENT; SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90127.E7246 Date of Disbursement 01 / 09 / 2009
	Mailing Address Hartsfield Atlanta International Airport	Amount of Each Disbursement this Period 340.00
	City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90127.E7240 Date of Disbursement 01 / 09 / 2009
	Mailing Address Hartsfield Atlanta International Airport	Amount of Each Disbursement this Period 340.00
	City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	15886.32
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90127.E7239 Date of Disbursement 01 / 09 / 2009
	Mailing Address: Hartsfield Atlanta International Airport City: Atlanta State: GA Zip Code: 30309- Purpose of Disbursement: Travel Expense Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period: 340.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) MGM Grand Hotel	Transaction ID: 90127.E7250 Date of Disbursement 01 / 09 / 2009
	Mailing Address: 3799 S. Las Vegas Blvd. City: Las Vegas State: NV Zip Code: 89109- Purpose of Disbursement: Travel Expense Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period: 1498.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE

C.	Full Name (Last, First, Middle Initial) MGM Grand Hotel	Transaction ID: 90127.E7249 Date of Disbursement 01 / 09 / 2009
	Mailing Address: 3799 S. Las Vegas Blvd. City: Las Vegas State: NV Zip Code: 89109- Purpose of Disbursement: Travel Expense Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period: 727.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Mandalay Mix Bay Hotel	Transaction ID: 90127.E7247 Date of Disbursement 01 / 09 / 2009
	Mailing Address 3950 Las Vegas Blvd.	Amount of Each Disbursement this Period 3559.80
	City Las Vegas State NV Zip Code 89119-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Oakwood Crystal City	Transaction ID: 90127.E7241 Date of Disbursement 01 / 09 / 2009
	Mailing Address 400 15th Street South	Amount of Each Disbursement this Period 1184.07
	City Arlington State VA Zip Code 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Oakwood Crystal City	Transaction ID: 90127.E7243 Date of Disbursement 01 / 09 / 2009
	Mailing Address 400 15th Street South	Amount of Each Disbursement this Period 1184.07
	City Arlington State VA Zip Code 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Oakwood Crystal City Mailing Address 400 15th Street South City Arlington State VA Zip Code 22202- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E7242 Date of Disbursement 01 / 09 / 2009 Amount of Each Disbursement this Period 1184.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) Oakwood Crystal City Mailing Address 400 15th Street South City Arlington State VA Zip Code 22202- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E7245 Date of Disbursement 01 / 09 / 2009 Amount of Each Disbursement this Period 1184.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) US Airways Mailing Address P.O. Box 2502 City Winston Salem State NC Zip Code 27102- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E7238 Date of Disbursement 01 / 09 / 2009 Amount of Each Disbursement this Period 260.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 650448 City Dallas State TX Zip Code 75265-0448 Purpose of Disbursement Credit Card Payment; See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90401.E7284 Date of Disbursement 03 / 06 / 2009 Amount of Each Disbursement this Period 11316.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PAYMENT; SEE BELOW
B.	Full Name (Last, First, Middle Initial) Channel Inn Mailing Address 650 Water Street City Washington State DC Zip Code 20024- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90401.E7286 Date of Disbursement 03 / 06 / 2009 Amount of Each Disbursement this Period 5798.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) Channel Inn Mailing Address 650 Water Street City Washington State DC Zip Code 20024- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90401.E7285 Date of Disbursement 03 / 06 / 2009 Amount of Each Disbursement this Period 601.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

11316.49

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90401.E7288 Date of Disbursement 03 / 06 / 2009
	Mailing Address: Hartsfield Atlanta International Airport	Amount of Each Disbursement this Period: 340.40
	City: Atlanta State: GA Zip Code: 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Travel Expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car	Transaction ID: 90401.E7295 Date of Disbursement 03 / 06 / 2009
	Mailing Address: Highway 80	Amount of Each Disbursement this Period: 372.16
	City: Clinton State: MS Zip Code: 39056-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Travel Expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Johnnys Halfshell	Transaction ID: 90401.E7292 Date of Disbursement 03 / 06 / 2009
	Mailing Address: 400 N. Captiol Street, NW	Amount of Each Disbursement this Period: 546.00
	City: Washington State: DC Zip Code: 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Fundraising Expense	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE
	Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Kingsmill Resort	Transaction ID: 90401.E7291 Date of Disbursement 03 / 06 / 2009
	Mailing Address 1010 Kingsmill Road	Amount of Each Disbursement this Period 373.60
	City Williamsburg State VA Zip Code 23185-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Kingsmill Resort	Transaction ID: 90401.E7289 Date of Disbursement 03 / 06 / 2009
	Mailing Address 1010 Kingsmill Road	Amount of Each Disbursement this Period 975.00
	City Williamsburg State VA Zip Code 23185-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: 90401.E7293 Date of Disbursement 03 / 06 / 2009
	Mailing Address 5101 Northwest	Amount of Each Disbursement this Period 343.71
	City Saint Paul State MN Zip Code 55111-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Thrifty Car Rental	Transaction ID: 90401.E7287 Date of Disbursement 03 / 06 / 2009
	Mailing Address P.O. Box 11252	Amount of Each Disbursement this Period 407.14
	City Alexandria State VA Zip Code 22312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 90401.E7294 Date of Disbursement 03 / 06 / 2009
	Mailing Address P.O. Box 2502	Amount of Each Disbursement this Period 560.60
	City Winston Salem State NC Zip Code 27102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 90401.E7318 Date of Disbursement 03 / 31 / 2009
	Mailing Address P.O. Box 650448	Amount of Each Disbursement this Period 2878.25
	City Dallas State TX Zip Code 75265-0448	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment; See Below	CREDIT CARD PAYMENT; SEE BELOW
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2878.25

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Courtyard Washington Capitol Hill <hr/> Mailing Address 140 L Street SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90401.E7323 Date of Disbursement 03 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 500.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) Fontainebleau Resort <hr/> Mailing Address 4441 Collins Ave. <hr/> City Miami State FL Zip Code 33140- <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90401.E7320 Date of Disbursement 03 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 239.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) Gist Family Catering Service <hr/> Mailing Address 10010 Wooden Bridge Lane <hr/> City Clinton State MD Zip Code 20735- <hr/> Purpose of Disbursement Fundraising Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90401.E7321 Date of Disbursement 03 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 723.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
Myrtle Beach Marriott

Mailing Address 8400 Costa Verde Drive

City Myrtle Beach State SC Zip Code 29572-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90401.E7319

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

246.20

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90401.E7324

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

268.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90401.E7322

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

232.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 105262 City Atlanta State GA Zip Code 30348-5262 Purpose of Disbursement Phone Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E7254 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 255.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICES
B.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 105262 City Atlanta State GA Zip Code 30348-5262 Purpose of Disbursement Phone Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90225.E7271 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 254.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICES
C.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 105262 City Atlanta State GA Zip Code 30348-5262 Purpose of Disbursement Phone Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90401.E7298 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period 264.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICES

SUBTOTAL of Disbursements This Page (optional)	774.45
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Phone Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90127.E7232</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 212.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICES</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Phone Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90225.E7268</p> <p>Date of Disbursement 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 207.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICES</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Phone Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90401.E7278</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 211.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICES</p>

SUBTOTAL of Disbursements This Page (optional)	632.04
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
AT&T Mobility

Mailing Address P.O. Box 6463

City State Zip Code
Carol Stream IL 60197-6463

Purpose of Disbursement
Phone Services
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 90401.E7313
Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

207.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PHONE SERVICES

B.

Full Name (Last, First, Middle Initial)
John Brown

Mailing Address 3904 Troy Ave.

City State Zip Code
Jackson MS 39213-

Purpose of Disbursement
Reimbursement; Utilities Payment
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 90127.E7257
Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

982.85

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT; UTILITIES
PAYMENT

C.

Full Name (Last, First, Middle Initial)
John Brown

Mailing Address 3904 Troy Ave.

City State Zip Code
Jackson MS 39213-

Purpose of Disbursement
Rent - Jackson Office
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 90127.E7261
Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

RENT - JACKSON OFFICE

SUBTOTAL of Disbursements This Page (optional)

3590.49

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 / 52

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) DCCC Mailing Address 430 South Capitol St, SE, 2nd Floo City Washington State DC Zip Code 20003- Purpose of Disbursement Unlimited Transfer-Natl Party Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90401.E7309 Date of Disbursement 03 / 22 / 2009 Amount of Each Disbursement this Period 100000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UNLIMITED TRANSFER-NATL PARTY
B.	Full Name (Last, First, Middle Initial) Entergy Mailing Address P.O. Box 8105 City Baton Rouge State LA Zip Code 70891- Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E7255 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 48.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES
C.	Full Name (Last, First, Middle Initial) Entergy Mailing Address P.O. Box 8105 City Baton Rouge State LA Zip Code 70891- Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90225.E7270 Date of Disbursement 02 / 11 / 2009 Amount of Each Disbursement this Period 38.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶	100086.81
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A. Full Name (Last, First, Middle Initial) Entergy</p> <p>Mailing Address P.O. Box 8105</p> <p>City Baton Rouge State LA Zip Code 70891-</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90401.E7307 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 41.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>UTILITIES</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 660481</p> <p>City Dallas State TX Zip Code 75266-0481</p> <p>Purpose of Disbursement Overnight Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90127.E7253 Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 58.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OVERNIGHT DELIVERY</p>
<p>C. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 660481</p> <p>City Dallas State TX Zip Code 75266-0481</p> <p>Purpose of Disbursement Overnight Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90225.E7272 Date of Disbursement 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 14.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OVERNIGHT DELIVERY</p>

SUBTOTAL of Disbursements This Page (optional) ▶

114.79

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
Ms. Trina George

Mailing Address P.O. Box 776

City North Carrollton State MS Zip Code 38947-

Purpose of Disbursement

Postage Expense

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90401.E7279

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

60.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Holland & Knight Committee for

Mailing Address Effective Government
2099 Pennsylvania Ave., N.W., Ste

City Washington State DC Zip Code 20006-

Purpose of Disbursement

Fundraising Expense

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90401.C10921IK

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

IN KIND: FUNDRAISING EXPENSE

C.

Full Name (Last, First, Middle Initial)
Jackson Advocate

Mailing Address 438 N. Mill Street

City Jackson State MS Zip Code 39202-

Purpose of Disbursement

Newspaper Ad

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90127.E7256

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

NEWSPAPER AD

SUBTOTAL of Disbursements This Page (optional) ▶

860.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20003-4701 Purpose of Disbursement Club Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E7236 Date of Disbursement 01 / 09 / 2009	Amount of Each Disbursement this Period 149.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CLUB CHARGES
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20003-4701 Purpose of Disbursement Club Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90225.E7276 Date of Disbursement 02 / 17 / 2009	Amount of Each Disbursement this Period 1065.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CLUB CHARGES
C.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20003-4701 Purpose of Disbursement Club Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90401.E7302 Date of Disbursement 03 / 12 / 2009	Amount of Each Disbursement this Period 688.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CLUB CHARGES

SUBTOTAL of Disbursements This Page (optional) ▶	1902.96
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20003-4701

Purpose of Disbursement
Club Charges
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90401.E7306
Date of Disbursement

MM / DD / YYYY
03 / 19 / 2009

Amount of Each Disbursement this Period

143.63

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CLUB CHARGES

B.

Full Name (Last, First, Middle Initial)
Office Depot Credit Plan

Mailing Address P.O. Box 9020

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
Office Supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90401.E7299
Date of Disbursement

MM / DD / YYYY
03 / 12 / 2009

Amount of Each Disbursement this Period

64.19

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Mr. James Thrasher

Mailing Address P.O. Box 11115

City Jackson State MS Zip Code 39208-

Purpose of Disbursement
Heating Unit Repair
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90127.E7251
Date of Disbursement

MM / DD / YYYY
01 / 09 / 2009

Amount of Each Disbursement this Period

298.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

HEATING UNIT REPAIR

SUBTOTAL of Disbursements This Page (optional) ▶

505.82

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Trustmark National Bank</p> <p>Mailing Address P.O. Box 291</p> <p>City Jackson State MS Zip Code 39205-0291</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90413.E7341</p> <p>Date of Disbursement 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 45.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SERVICE CHARGE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Trustmark National Bank</p> <p>Mailing Address P.O. Box 291</p> <p>City Jackson State MS Zip Code 39205-0291</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90413.E7340</p> <p>Date of Disbursement 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 189.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SERVICE CHARGE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Trustmark National Bank</p> <p>Mailing Address P.O. Box 291</p> <p>City Jackson State MS Zip Code 39205-0291</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90409.E7326</p> <p>Date of Disbursement 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 14.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SERVICE CHARGE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

248.71

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Trustmark National Bank</p> <p>Mailing Address P.O. Box 291</p> <p>City Jackson State MS Zip Code 39205-0291</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90409.E7325</p> <p>Date of Disbursement 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 2.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SERVICE CHARGE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Trustmark National Bank</p> <p>Mailing Address P.O. Box 291</p> <p>City Jackson State MS Zip Code 39205-0291</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90409.E7328</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 15.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SERVICE CHARGE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Trustmark National Bank</p> <p>Mailing Address P.O. Box 291</p> <p>City Jackson State MS Zip Code 39205-0291</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90409.E7327</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SERVICE CHARGE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

20.05

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial) Trustmark National Bank Mailing Address P.O. Box 291 City Jackson State MS Zip Code 39205-0291 Purpose of Disbursement Service Charge Candidate Name	Transaction ID: 90409.E7330 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 18.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Trustmark National Bank Mailing Address P.O. Box 291 City Jackson State MS Zip Code 39205-0291 Purpose of Disbursement Service Charge Candidate Name	Transaction ID: 90409.E7329 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 2.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Trustmark National Bank/U.S. Treasury Mailing Address P.O. Box 291 City Jackson State MS Zip Code 39205- Purpose of Disbursement 2008 Taxes Due Candidate Name	Transaction ID: 90401.E7305 Date of Disbursement 03 / 16 / 2009 Amount of Each Disbursement this Period 4100.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	4121.32
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 / 52

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address Madison Street

City Bolton State MS Zip Code 39041-

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90401.E7283

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ►

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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Kendrick Meek for Florida	Transaction ID: 90401.E7315 Date of Disbursement 03 / 27 / 2009
	Mailing Address 111 NW 183rd St., Suite 325	Amount of Each Disbursement this Period 2300.00
	City Miami State FL Zip Code 33169-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
	Candidate Name KENDRICK B MEEK	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kendrick Meek for Florida	Transaction ID: 90401.E7310 Date of Disbursement 03 / 27 / 2009
	Mailing Address 111 NW 183rd St., Suite 325	Amount of Each Disbursement this Period 4800.00
	City Miami State FL Zip Code 33169-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
	Candidate Name KENDRICK B MEEK	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kendrick Meek for Florida	Transaction ID: 90401.E7316 Date of Disbursement 03 / 27 / 2009
	Mailing Address 111 NW 183rd St., Suite 325	Amount of Each Disbursement this Period 2300.00
	City Miami State FL Zip Code 33169-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
	Candidate Name KENDRICK B MEEK	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9400.00
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 50 / 52

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
Kendrick Meek for Florida

Transaction ID: 90401.E7314
Date of Disbursement

Mailing Address 111 NW 183rd St., Suite 325

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	9

City State Zip Code
Miami FL 33169-

Amount of Each Disbursement this Period

-4800.00

Purpose of Disbursement
VOIDED CHECK#4795

--

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name
KENDRICK B MEEK

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

-4800.00

TOTAL This Period (last page this line number only)

4600.00

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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
Bill Brewster

Transaction ID: 90127.E7252
Date of Disbursement

Mailing Address P.O. Box 459

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

City State Zip Code
Batesville TX 78829-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Steven Pruitt

Transaction ID: 90401.E7280
Date of Disbursement

Mailing Address 420 7th Street, NW, Apt. 823

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

City State Zip Code
Washington DC 20004-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Steven Pruitt

Transaction ID: 90401.E7281
Date of Disbursement

Mailing Address 420 7th Street, NW, Apt. 823

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

City State Zip Code
Washington DC 20004-

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

--

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 52

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
Steven Pruitt

Mailing Address 420 7th Street, NW, Apt. 823

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 90401.E7282
Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

2000.00