



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Bennie Thompson

Report Covering the Period:

From: 

M	M
0	2

D	D
2	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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)).....	273085.81	1362500.90
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	273085.81	1360100.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	97923.53	420893.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2198.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	97923.53	418694.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1026678.75	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Bennie Thompson

Report Covering the Period: From: 

M	M
0	2

D	D
2	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

**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).....

130397.31

529198.12

(ii) Unitemized.....

5315.00

12249.00

(iii) TOTAL of contributions

135712.31

541447.12

from individuals..... ▶

0.00

1022.86

(b) Political Party Committees.....

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

137373.50

820030.92

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

273085.81

1362500.90

(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

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

2198.98

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

2924.13

15506.43

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

276009.94

1380206.31

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	97923.53	420893.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2400.00
21. OTHER DISBURSEMENTS.....	250.00	163807.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>98173.53</b>	<b>587100.25</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	848842.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	276009.94
25. SUBTOTAL (add Line 23 and Line 24).....	1124852.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	98173.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1026678.75

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

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

FOR LINE NUMBER: PAGE 5 / 126  
(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)  
3M PAC

Mailing Address 3M Center Building 224-5N-40

City State Zip Code  
Saint Paul MN 55144

FEC ID number of contributing federal political committee. **C** C00084475

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2008

**Transaction ID:** 80331.C9824

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)  
Action Comm. for Rural Electrification

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

City State Zip Code  
Arlington VA 22203-1860

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4732.45

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2008

**Transaction ID:** 80331.C10017

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)  
AF PAC

Mailing Address 1050 Connecticut Ave, N.W.

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2008

**Transaction ID:** 80331.C10047

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) ..... ► **3000.00**

**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 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Agricultural Retailers Assoc. PAC

Mailing Address 1156 15th St., N.W., Suite 302

City State Zip Code  
Washington DC 20005-1745

FEC ID number of contributing federal political committee. **C** C00264770

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2008

Transaction ID: 80331.C9831

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)  
Akerman Senterfitt & Eidson PAC

Mailing Address P.O. Box 231

City State Zip Code  
Orlando FL 32802

FEC ID number of contributing federal political committee. **C** C00280008

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

Transaction ID: 80331.C10054

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)  
Alion Science and Technology Corp. PAC

Mailing Address 1750 Tysons Boulevard, Suite 1300

City State Zip Code  
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00431247

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9908

Amount of Each Receipt this Period  
1500.00

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 7 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
American Airlines PAC  
Mailing Address 1101 17th St., N.W., No. 600  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00107300  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 03 / 10 / 2008  
Transaction ID: 80331.C9821  
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 Association of Airport  
Mailing Address Executives Good Government Committ  
601 Madison Street, Suite 400  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00176727  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 10 / 2008  
Transaction ID: 80331.C9834  
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)  
American Association of Airport  
Mailing Address Executives Good Government Committ  
601 Madison Street, Suite 400  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00176727  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt 03 / 10 / 2008  
Transaction ID: 80331.C9822  
Amount of Each Receipt this Period 1500.00  
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 8 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 101 North Third St.

City State Zip Code  
Moorhead MN 56560

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2008

**Transaction ID:** 80331.C9825

Amount of Each Receipt this Period  
3000.00

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

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

Mailing Address 2 W Dixie Hwy

City State Zip Code  
Dania FL 33004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2008

**Transaction ID:** 80331.C9898

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)  
American Sugarbeet Growers Assn. PAC

Mailing Address 1156 15th St., NW, Suite 1101

City State Zip Code  
Washington DC 20005-1704

FEC ID number of contributing federal political committee. **C** C00167684

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2008

**Transaction ID:** 80331.C9849

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) ..... ▶ **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 9 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
ASAPAC  
Mailing Address 520 N. Northwest Highway  
City State Zip Code  
Park Ridge IL 60068  
FEC ID number of contributing federal political committee. **C** C00255752  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2008  
Transaction ID: 80331.C9853  
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)  
AT&T, Inc. Federal PAC  
Mailing Address 175 E. Houston, Room 7-A-50  
City State Zip Code  
San Antonio TX 78205  
FEC ID number of contributing federal political committee. **C** C00109017  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2008  
Transaction ID: 80331.C9839  
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)  
Atmos Energy Corporation PAC  
Mailing Address 5430 LBJ Freeway, Suite 160  
City State Zip Code  
Dallas TX 75240  
FEC ID number of contributing federal political committee. **C** C00381954  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2008  
Transaction ID: 80331.C9840  
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 10 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Baker Donelson PAC  
Mailing Address 555 Eleventh Street, NW, FL 6  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00431072  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 03 / 10 / 2008  
Transaction ID: 80331.C9833  
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)  
BANKPAC  
Mailing Address 1120 Connecticut Ave, NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00004275  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 03 / 28 / 2008  
Transaction ID: 80331.C10051  
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)  
BOYD Political Action Committee  
Mailing Address 2950 S. Industrial Road  
City Las Vegas State NV Zip Code 89109  
FEC ID number of contributing federal political committee. **C** C00142315  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 02 / 21 / 2008  
Transaction ID: 80221.C9779  
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) ..... ► 7500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 126

(check only one)

11a  11b  11c  11d

12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Brotherhood of Railroad Signalmen PAC

Mailing Address 917 Shenandoah Shores Road

City State Zip Code  
Front Royal VA 22630

FEC ID number of contributing federal political committee. C C00011262

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** 80331.C10058

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)  
BUSPAC

Mailing Address 1100 New York, Ave., NW, Ste. 1050

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. C C00004879

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 11 / 2008

**Transaction ID:** 80331.C9895

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)  
Butler Snow PAC

Mailing Address P.O. Box 22567

City State Zip Code  
Jackson MS 39225-2567

FEC ID number of contributing federal political committee. C C00382275

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 11 / 2008

**Transaction ID:** 80331.C9986

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) ..... 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 12 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Cisco Systems, Inc. Federal PAC

Mailing Address 20 Park Road Suite E

City State Zip Code  
Burlingame CA 94010

FEC ID number of contributing federal political committee. **C** C00362707

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2008

**Transaction ID:** 80331.C9912

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)  
CMS Energy Corporation Employees For

Mailing Address Better Government-Federal  
One Energy Plaza - EP8-267

City State Zip Code  
Jackson MI 49201

FEC ID number of contributing federal political committee. **C** C00075473

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2008

**Transaction ID:** 80331.C10056

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)  
DEC PAC

Mailing Address 20 N. Broadway Suite 1500

City State Zip Code  
Oklahoma City OK 73102

FEC ID number of contributing federal political committee. **C** C00354753

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2008

**Transaction ID:** 80331.C9818

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 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Deloitte & Touche Federal PAC

Mailing Address P.O. Box 365

City State Zip Code  
Washington DC 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2008

Transaction ID: 80331.C9830

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)  
Delphi Political Action Committee

Mailing Address 5725 Delphi Drive

City State Zip Code  
Troy MI 48098-2815

FEC ID number of contributing federal political committee. **C** C00346130

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2008

Transaction ID: 80331.C9996

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)  
El Paso Corporation PAC

Mailing Address 1001 Louisiana Street, Suite N1134

City State Zip Code  
Houston TX 77002

FEC ID number of contributing federal political committee. **C** C00093948

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2008

Transaction ID: 80331.C9842

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) ..... ► **5000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Florida Crystals Inc., PAC

Mailing Address 1420 New York Avenue, NW, Ste. 800

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00296624

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2008

**Transaction ID:** 80331.C9858

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)  
Florida Sugar Cane League PAC

Mailing Address 1301 Pennsylvania Ave NW Ste 401

City State Zip Code  
Washington DC 20004-1701

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2008

**Transaction ID:** 80331.C9907

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)  
Golden Horizons Care PAC

Mailing Address 1250 H Street, NW, Suite 555

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00346346

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2008

**Transaction ID:** 80331.C9905

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) ..... ► **4000.00**

**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  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 11355 W. Olympic Blvd., 2nd Floor

City State Zip Code  
Los Angeles CA 90064

FEC ID number of contributing federal political committee. **C** C00145342

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2008

**Transaction ID:** 80331.C9911

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)  
Great Lakes Sugar Beet Growers

Mailing Address 4800 Fashion Square Blvd.

City State Zip Code  
Saginaw MI 48604

FEC ID number of contributing federal political committee. **C** C00384354

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2008

**Transaction ID:** 80331.C10048

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)  
Halliburton Company PAC

Mailing Address 1150 18th Street, NW Suite 200

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2008

**Transaction ID:** 80331.C9815

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) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 16 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Harrahs Entertainment, Inc.

Mailing Address Impacts Public Policy PAC  
One Harrahs Court

City State Zip Code  
Las Vegas NV 89119-4312

FEC ID number of contributing federal political committee. **C** C00239947

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2008

Transaction ID: 80305.C9796

Amount of Each Receipt this Period

5000.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Harrahs Entertainment, Inc.

Mailing Address Impacts Public Policy PAC  
One Harrahs Court

City State Zip Code  
Las Vegas NV 89119-4312

FEC ID number of contributing federal political committee. **C** C00239947

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2008

Transaction ID: 80305.C9795

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)  
Holland America Line Inc. PAC

Mailing Address 300 Elliott Ave. W

City State Zip Code  
Seattle WA 98119

FEC ID number of contributing federal political committee. **C** C00287714

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9904

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) ..... ▶

11000.00

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



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

Use separate schedule(s)  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 101 Constitution Ave., NW., Ste. 5

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 03 / 10 / 2008  
**Transaction ID:** 80331.C9820  
 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)  
Ice Cream, Milk and Cheese PAC

Mailing Address 1250 H Street, NW, Suite 900

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00128231

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9901  
 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)  
ICSC PAC

Mailing Address 1399 New York Ave., Suite 720

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 03 / 10 / 2008  
**Transaction ID:** 80331.C9846  
 Amount of Each Receipt this Period 1500.00

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 1120 19th Street, NW, Suite 310

City Washington State DC Zip Code 20036-3614

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 10 / 2008  
**Transaction ID:** 80331.C9851  
 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)  
Intl Assoc. of Firefighters Interested

Mailing Address in Registration and Education PAC  
1750 New York Ave., NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 03 / 10 / 2008  
**Transaction ID:** 80331.C9828  
 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)  
International Assoc. of Fire Fighters

Mailing Address 1750 New York Ave., N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70003108

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt 03 / 28 / 2008  
**Transaction ID:** 80331.C10049  
 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)  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
International Bank of Commerce Committee

Mailing Address Improvement & Betterment of the Co  
1200 San Bernardo

City State Zip Code  
Laredo TX 78040

FEC ID number of contributing federal political committee. **C** C00276592

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 6 / 2 0 0 8

**Transaction ID:** 80226.C9785

Amount of Each Receipt this Period  
5000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
International Longshore & Warehouse

Mailing Address Union PAF  
1188 Franklin Street

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee. **C** C00176214

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 1 0 / 2 0 0 8

**Transaction ID:** 80331.C9848

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)  
International Paper PAC

Mailing Address 1101 Pennsylvania Avenue, NW, Suit

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 1 0 / 2 0 0 8

**Transaction ID:** 80331.C9838

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 20 / 126

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Interstate Natural Gas Association

Mailing Address of America PAC  
10 G Street, NE, Suite 700

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00116145

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2008

Transaction ID: 80331.C9841

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)  
Johnson & Johnson PAC

Mailing Address One Johnson & Johnson Plaza

City State Zip Code  
New Brunswick NJ 08933-7204

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2008

Transaction ID: 80331.C9823

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)  
Kansas City Southern Employees PAC

Mailing Address P.O. Box 219335

City State Zip Code  
Kansas City MO 64121-9355

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3428.50

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2008

Transaction ID: 80331.C9832

Amount of Each Receipt this Period

1500.00

Receipt

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

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

4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** 80331.C9843

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)  
LeClairRyan Professional Corp. PAC

Mailing Address 1101 Connecticut Ave., NW Suite 60

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00442673

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** 80331.C9819

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)  
Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Drive, Crystal Square  
Suite 300

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2008

**Transaction ID:** 80303.C9790

Amount of Each Receipt this Period  
4000.00

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 22 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 1550 Crystal Drive, Crystal Square  
Suite 300

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 03 / 03 / 2008  
**Transaction ID:** 80303.C9791  
Amount of Each Receipt this Period: 5000.00

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 Mill Valley State CA Zip Code 94941

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8373.50

Date of Receipt: 03 / 20 / 2008  
**Transaction ID:** 80331.C9994  
Amount of Each Receipt this Period: 3373.50

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

Fundraising Expense

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

Mailing Address 901 F Street, NW, Suite 601

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00111427

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2008  
**Transaction ID:** 80331.C9852  
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) ..... ► **9373.50**

**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 23 / 126

(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)  
Miller Brewing Company PAC

Mailing Address 3939 West Highland Boulevard  
P.O. Box 482

City State Zip Code  
Milwaukee WI 53201

FEC ID number of contributing federal political committee. **C** C00102780

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2008

Transaction ID: 80331.C10057

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)  
National Beer Wholesalers Assoc. PAC

Mailing Address 1100 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 22 / 2008

Transaction ID: 80222.C9782

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)  
National Community Pharmacists

Mailing Address Association PAC  
100 Daingerfield Road

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9900

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 24 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
National Fuel Gas Federal PAC

Mailing Address 10 Lafayette Square

City State Zip Code  
Buffalo NY 14203

FEC ID number of contributing federal political committee. **C** C00083758

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2008

**Transaction ID:** 80331.C9854

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)  
National Rural Letter Carriers

Mailing Address Association PAC  
1630 Duke Street, 4th Floor

City State Zip Code  
Alexandria VA 22314-3465

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2008

**Transaction ID:** 80226.C9788

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)  
NEA Fund for Children & Public Education

Mailing Address 1201 16th Street, NW, Suite 420

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2008

**Transaction ID:** 80331.C10052

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) ..... ► **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 25 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80331.C10050

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)  
Office of The Commissioner of Major

Mailing Address League Baseball PAC  
1050 Connecticut Ave., NW, #1100

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2008

**Transaction ID:** 80331.C9835

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)  
OSI Systems, Inc. PAC

Mailing Address 1530 Wilson Blvd., Suite 170

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2008

**Transaction ID:** 80331.C9844

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) ..... ▶ **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 26 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 999 Third Avenue, Suite 4300

City State Zip Code  
Seattle WA 98104

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9910

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)  
Princess Cruises & Tours, Inc. PAC

Mailing Address 24305 Town Center Drive

City State Zip Code  
Valencia CA 91355

FEC ID number of contributing federal political committee. **C** C00365031

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9902

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)  
Producers Rice Mill, Inc. PAC

Mailing Address P.O. Box 1248

City State Zip Code  
Stuttgart AR 72160

FEC ID number of contributing federal political committee. **C** C00378083

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9903

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) ..... ► **3000.00**

**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 27 / 126

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Raytheon PAC

Mailing Address 1100 Wilson Blvd., Ste. 1500

City State Zip Code  
Arlington VA 22209-2297

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9909

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)  
Roof PAC

Mailing Address 10225 W. Higgins Road, No 600

City State Zip Code  
Des Plaines IL 60018

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9906

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)  
SENA PAC

Mailing Address 1990 Post Oak Boulevard, Suite 190

City State Zip Code  
Houston TX 77056

FEC ID number of contributing federal political committee. **C** C00375568

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2008

Transaction ID: 80331.C10053

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) ..... ►

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 28 / 126

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
SI International, Inc. PAC

Mailing Address 2099 Gaither Road, 3rd Floor

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. **C** C00402669

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2008

Transaction ID: 80331.C9845

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)  
Spectra Energy-DCP PAC

Mailing Address 5400 Westheimer Court

City State Zip Code  
Houston TX 77056

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9913

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)  
Sprint Nextel PAC

Mailing Address 2001 Edmund Halley Dr.

City State Zip Code  
Reston VA 20191

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9897

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 29 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Texans for Henry Cuellar

Mailing Address Congressional Campaign  
1519 Washington Street, 2nd Floor

City Laredo State TX Zip Code 78040

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
02 / 26 / 2008

**Transaction ID:** 80226.C9787

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)  
The Williams Companies Inc., PAC

Mailing Address 1627 I Street, NW, Suite 900

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** 80331.C9847

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)  
TYCO Electronics Corporation PAC

Mailing Address 607 14th Street, NW, Suite 550

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00433482

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 11 / 2008

**Transaction ID:** 80331.C9894

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) ..... ► 3000.00

**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 30 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
UAW-V-CAP  
Mailing Address 8000 E. Jefferson Ave.  
City State Zip Code  
Detroit MI 48214  
FEC ID number of contributing federal political committee. **C** C70003041  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5000.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008  
Transaction ID: 80331.C9899  
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)  
Union Pacific Corporation Fund for  
Mailing Address Effective Government  
600 Thirteenth Street, NW Suite 34  
City State Zip Code  
Washington DC 20005  
FEC ID number of contributing federal political committee. **C** C00010470  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
6500.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2008  
Transaction ID: 80331.C9829  
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)  
Unite Here Tip Campaign Committee  
Mailing Address 275 7th Avenue, 10th Floor  
City State Zip Code  
New York NY 10001  
FEC ID number of contributing federal political committee. **C** C00004861  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
10000.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2008  
Transaction ID: 80331.C9837  
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) ..... ► **7500.00**  
**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 31 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
United Food and Commercial Workers

Mailing Address Active Ballot Club  
1775 K Street, N.W.

City Washington State DC Zip Code 20006-1598

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 0 / 2 0 0 8

**Transaction ID:** 80331.C9999

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address 55 Glenlake Parkway, N.E.

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 0 / 2 0 0 8

**Transaction ID:** 80331.C9836

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)  
Washington Resource PAC

Mailing Address P.O. Box 3800

City Merrifield State VA Zip Code 22116

FEC ID number of contributing federal political committee. **C** C00408906

Name of Employer Occupation

Receipt For: 2008  
 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 1 / 2 0 0 8

**Transaction ID:** 80331.C9896

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) ..... ► **7000.00**

**TOTAL** This Period (last page this line number only) ..... ► **137373.50**

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

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

FOR LINE NUMBER: PAGE 32 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 1501 North State Street

City State Zip Code  
Jackson MS 39202

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

Name of Employer Occupation  
Baker Donelson Law Office Senior Public Policy

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 80331.C9971

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

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

Mailing Address P.O. Box 290

City State Zip Code  
Jackson MS 39205

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

Name of Employer Occupation  
Phelps Dunbar Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2000.00

Transaction ID: 80306.C9798

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

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

Mailing Address 8279 Alvard Street

City State Zip Code  
Mc Lean VA 22102-1739

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

Name of Employer Occupation  
American Assoc. Airport Execs. President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: 80331.C9807

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 33 / 126  
(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)  
David Barron  
Mailing Address 11109 Flora Lee Drive  
City State Zip Code  
Fairfax Station VA 22039-1029  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Bellsouth Corporation AVP Federal Relations  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2008  
Transaction ID: 80331.C9871  
Amount of Each Receipt this Period  
250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Josie Bass  
Mailing Address 260 Reynolds Street, Apt. 1407  
City State Zip Code  
Alexandria VA 22304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Consultant  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2008  
Transaction ID: 80331.C9884  
Amount of Each Receipt this Period  
250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Martha Bergmark  
Mailing Address 6 Montgomery Avenue  
City State Zip Code  
Takoma Park MD 20912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
MS Center for Justice Executive  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2008  
Transaction ID: 80331.C9957  
Amount of Each Receipt this Period  
250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00  
**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 34 / 126  
(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)  
Roy Block

Mailing Address 251 West Reading Way

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9916

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 7408 Rocky Ravine Dr.

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Crowell and Mooring Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9859

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)  
Charles Bowling

Mailing Address 804 Pont Chartrain Dr.

City State Zip Code  
Las Vegas NV 89145

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

Name of Employer MGM Grand Hotel Casino Occupation Executive VP Sales

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

Transaction ID: 80331.C10003

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3050.00**

**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 35 / 126  
(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)  
Willie Bozeman

Mailing Address 2757 Moncure Marble Road

City State Zip Code  
Terry MS 39170

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

Name of Employer Occupation  
WB Consolidated Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

**Transaction ID:** 80331.C9960

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1322 Half Street S.W. No. 102

City State Zip Code  
Washington DC 20024

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

Name of Employer Occupation  
Glover Park Group Senior Vice President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2008

**Transaction ID:** 80305.C9794

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)  
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: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** 80331.C9817

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 36 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
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 Self Occupation  
Lobbyist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008  
Transaction ID: 80331.C9866  
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)  
Issac Byrd  
Mailing Address P.O. Box 19  
City State Zip Code  
Jackson MS 39205-0019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008  
Transaction ID: 80331.C9930  
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)  
Philip Carby  
Mailing Address P.O. Box 1047  
City State Zip Code  
Natchez MS 39121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation  
Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008  
Transaction ID: 80331.C9987  
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 37 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Michael Carter  
 Mailing Address 5604 Old Canton Road  
 City Jackson State MS Zip Code 39211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **500.00**  
 Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9984  
 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)  
William Chism  
 Mailing Address 221 Westfield Road  
 City Ridgeland State MS Zip Code 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **500.00**  
 Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9977  
 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)  
Robert Cole  
 Mailing Address 8031 Hwy. 1. N  
 City Colt State AR Zip Code 72326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Businessman  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **1000.00**  
 Date of Receipt 03 / 28 / 2008  
**Transaction ID:** 80331.C10026  
 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) ..... **2000.00**  
**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 38 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Wilbur Colom

Mailing Address P.O. Box 101

City State Zip Code  
Columbus MS 39703

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

Name of Employer Self Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9990

Amount of Each Receipt this Period

2300.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Colton

Mailing Address P.O. Box 1144

City State Zip Code  
College Park MD 20741-1144

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

Name of Employer Greenbelt Metropark LLC Occupation Developer

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2008

Transaction ID: 80331.C10014

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)  
Herman Cooper

Mailing Address 4049 - 1st Street, SW

City State Zip Code  
Washington DC 20032

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

Name of Employer Bastech Occupation Owner

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9876

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) .....

3300.00

**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 39 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
George R. Corchis, Jr.  
Mailing Address 2122 Whitney Oaks Drive  
City Ocean Springs State MS Zip Code 39564-6059  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 06 / 2008  
Transaction ID: 80306.C9797  
Amount of Each Receipt this Period: 2300.00

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

Name of Employer: MGM Mirage Occupation: President  
Receipt For: 2008  
 Primary  General  
 Other (specify) Election Cycle-to-Date: 2300.00

**B.** Full Name (Last, First, Middle Initial)  
Merrida Coxwell  
Mailing Address 505 Heatherstone Court  
City Ridgeland State MS Zip Code 39157  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 11 / 2008  
Transaction ID: 80331.C9938  
Amount of Each Receipt this Period: 1000.00

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

Name of Employer: Self Occupation: Attorney  
Receipt For: 2008  
 Primary  General  
 Other (specify) Election Cycle-to-Date: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Danny E. Cupit  
Mailing Address P.O. Box 22929  
City Jackson State MS Zip Code 39225  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 11 / 2008  
Transaction ID: 80331.C9988  
Amount of Each Receipt this Period: 2300.00

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

Name of Employer: Self Occupation: Attorney  
Receipt For: 2008  
 Primary  General  
 Other (specify) Election Cycle-to-Date: 2300.00

**SUBTOTAL** of Receipts This Page (optional) ..... **5600.00**

**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 40 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Joseph Davis  
Mailing Address 210 Keelson  
City Detroit State MI Zip Code 48215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MGM Grand Occupation Executive  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 02 / 22 / 2008  
**Transaction ID:** 80222.C9780  
Amount of Each Receipt this Period 2300.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Vincent Davis  
Mailing Address P.O. Box 494  
City Fayette State MS Zip Code 39069  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9968  
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)  
Larry Decker  
Mailing Address 150 RI Ave., NW #303  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Red Cross Occupation Professional  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9882  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3050.00**  
**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 41 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<p><b>A.</b> Full Name (Last, First, Middle Initial) J Kane Ditto</p> <p>Mailing Address 3972 Stuart Place</p> <p>City State Zip Code Jackson MS 39211</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 11 / 2008</span></p> <p><b>Transaction ID:</b> 80331.C9924</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Walter Douglas</p> <p>Mailing Address 129 Cobbleston Ct.</p> <p>City State Zip Code Chapin SC 29036</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NRCS Occupation State Conservationist</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 28 / 2008</span></p> <p><b>Transaction ID:</b> 80331.C10016</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas Dow</p> <p>Mailing Address 1750 P Street, N.W., No. 709</p> <p>City State Zip Code Washington DC 20036</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Carnival Corp. &amp; PLC Occupation VP Public Affairs</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 11 / 2008</span></p> <p><b>Transaction ID:</b> 80331.C9863</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 42 / 126
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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Edds		Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 300 Sherborne Place		<b>Transaction ID:</b> 80331.C9932
	City Jackson	State MS	Zip Code 39232
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	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)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Boyd Eifling		Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 1147 Hwy. 436		<b>Transaction ID:</b> 80331.C9995
	City Hollandale	State MS	Zip Code 38748
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
	Name of Employer Natures Broom	Occupation Owner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 900.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Ford		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 917 Wonderland Pass		<b>Transaction ID:</b> 80331.C10011
	City Hermitage	State TN	Zip Code 37076
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
	Name of Employer NRCS	Occupation Procurement Specialist	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Phillip Fraas  
Mailing Address 802 Hall Pl.  
City Alexandria State VA Zip Code 22302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Amount of Each Receipt this Period 250.00  
Transaction ID: 80331.C10027  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** 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: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Amount of Each Receipt this Period 500.00  
Transaction ID: 80331.C9861  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** 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: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Amount of Each Receipt this Period 2300.00  
Transaction ID: 80331.C10055  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3050.00**  
**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 44 / 126  
(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Darlene Gardner

Mailing Address 8115 E. Beach Dr., NW

City Washington State DC Zip Code 20012

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

Name of Employer System Design, Inc. Occupation Interior Designer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9857

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)  
Tony Gaylor

Mailing Address 129 Riviera Dr.

City Jackson State MS Zip Code 39211

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9970

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)  
Robert Gibbs

Mailing Address 5962 Holbrook Dr.

City Jackson State MS Zip Code 39206

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9980

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) ..... ► 3000.00

**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 45 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Steve Golding

Mailing Address 1601-A North Frontage Road

City State Zip Code  
Vicksburg MS 39180

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Golding Barge Line Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80331.C10001

Amount of Each Receipt this Period 2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Dewayne Goldmon

Mailing Address 420 Sandy Bayou Lane

City State Zip Code  
Pine Bluff AR 71603

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Dell Cam Farm Inc. Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80331.C10035

Amount of Each Receipt this Period 250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Rosalind D. Gray

Mailing Address 607 Oneida Pl. NW

City State Zip Code  
Washington DC 20011

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
USDA Federal Employee

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID:** 80331.C10042

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2800.00

**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 46 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
James B. Grenfell  
Mailing Address P.O. Box 16570

City State Zip Code  
Jackson MS 39236-6570

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008

**Transaction ID:** 80331.C9978

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Tanya Haley  
Mailing Address 3219 Courtside Road

City State Zip Code  
Bowie MD 20721

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
T. Curtis Company CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008

**Transaction ID:** 80331.C9878

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)  
Woodrow Hall  
Mailing Address 2451 Broad River Place

City State Zip Code  
Ellenwood GA 30294

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Diversipack, Inc. President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2008

**Transaction ID:** 80331.C9805

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) ..... 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 47 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 6601 Lybrook Ct.

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
Wexler & Walker Lobbyist

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	8

**Transaction ID:** 80331.C9808

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)  
Ayres Haxton

Mailing Address 631 Seneca Ave.

City State Zip Code  
Jackson MS 39216

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	0	8

**Transaction ID:** 80331.C9969

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)  
Paul Hazen

Mailing Address 4141 N. Henderson Road, #1207

City State Zip Code  
Arlington VA 22203

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

Name of Employer Occupation  
NCBA CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

**Transaction ID:** 80331.C10032

Amount of Each Receipt this Period  
250.00

Receipt  
 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) ..... ►

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

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

FOR LINE NUMBER: PAGE 48 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 3750 North 30th Place

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Ice Miller LLP CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	8

Transaction ID: 80331.C9803

Amount of Each Receipt this Period  
733.00

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

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

Mailing Address 5121 - 33rd Street, NW

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
Howrey LLP Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

Transaction ID: 80331.C10010

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 16 Anthem Pointe Ct.

City State Zip Code  
Henderson NV 89052

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

Name of Employer Occupation  
MGM Mirage Corp. Executive Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	8

Transaction ID: 80331.C9802

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3283.00**

**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 49 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Peyton Irby

Mailing Address 1026 Avondale Street

City State Zip Code  
Jackson MS 39216

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

Name of Employer Self Occupation  
Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9966

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)  
Andrew Jenkins

Mailing Address 116 Highland Meadow Road

City State Zip Code  
Flora MS 39071

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

Name of Employer Self Occupation  
Engineer

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9925

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)  
Calvin Johnson

Mailing Address 600 - 13th Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer McDermott, Will & Emery Occupation  
Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9887

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) ..... ▶

2000.00

**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 50 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 701 Lakeridge Cove

City State Zip Code  
Clinton MS 39056

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

Name of Employer Self Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2008

Transaction ID: 80331.C9979

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)  
Willton Johnson

Mailing Address 1620 Belmont St.

City State Zip Code  
Jackson MS 39202

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

Name of Employer McGlinchey Stafford Law Firm Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2008

Transaction ID: 80331.C9931

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)  
Rasoul Khaledi

Mailing Address P.O. Box 451130

City State Zip Code  
Laredo TX 78045

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

Name of Employer HK Global Trading LTD Occupation Owner

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2008

Transaction ID: 80226.C9786

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 51 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 5525 Ajuga Ct.

City State Zip Code  
Centreville VA 20120

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

Name of Employer Occupation  
Scribe Strategies & Advisors Lobbyist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9862

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 3410 Lashan Dr.

City State Zip Code  
Murrysville PA 15668

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

Name of Employer Occupation  
Self Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9865

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)  
Jacob Kuitwaard

Mailing Address 421 - 7th St. SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
National Association Realtors Realtor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

Transaction ID: 80331.C10020

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 52 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 72 Grozier Road

City State Zip Code  
Cambridge MA 02138-3315

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

Transaction ID: 80331.C10000

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)  
J. Terrence Lanni

Mailing Address 3600 Las Vegas Blvd., S.

City State Zip Code  
Las Vegas NV 89109

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

Name of Employer MGM Mirage Occupation Chairman of Board

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2008

Transaction ID: 80221.C9778

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 318 Meadowoods Dr.

City State Zip Code  
Jackson MS 39211

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

Name of Employer Trinity Lighting Occupation Sales

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9974

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) ..... ▶ **3300.00**

**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 53 / 126  
(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)  
William Liston

Mailing Address P.O. Box 645

City State Zip Code  
Winona MS 38967

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9918

Amount of Each Receipt this Period  
2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Charles Livingston

Mailing Address 5431 Lakeford Lane

City State Zip Code  
Bowie MD 20720

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9872

Amount of Each Receipt this Period  
250.00

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

**C.**

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

Mailing Address 458 Greenwood Lane

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer Capitol Resources LLC Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9976

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) ..... ► **3050.00**

**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 54 / 126  
(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)  
Raymond E. Mabus

Mailing Address 345 Richardson Road

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 400.00

Transaction ID: 80331.C9985

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

**B.**

Full Name (Last, First, Middle Initial)  
Mamie Mallory

Mailing Address 919 Lake Front Drive

City State Zip Code  
Bowie MD 20721

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 80331.C9880

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

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Marsh

Mailing Address 4053 Boxwood Cir.

City State Zip Code  
Jackson MS 39211

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

Name of Employer Benchmark Construction Co. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: 80331.C9936

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

**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 55 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
K. Michael Matthews

Mailing Address 1501 Roxanna Road, NW

City State Zip Code  
Washington DC 20012

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

Name of Employer Self Occupation  
Businessman

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9870

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)  
Richard Mattox

Mailing Address 13188 Kinnicutt Dr.

City State Zip Code  
Woodbridge VA 22192

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

Name of Employer Self Occupation  
Businessman

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9885

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)  
William McBeath

Mailing Address 2212 Paiute Meadows

City State Zip Code  
Las Vegas NV 89134

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

Name of Employer Mirage Resorts Occupation  
President

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 21 / 2008

Transaction ID: 80221.C9776

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) ..... ▶

2000.00

**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 56 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 9712 Amber Peak Court

City State Zip Code  
Las Vegas NV 89144

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

Name of Employer Occupation  
New York New York Hotel Senior VP of Marketing

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2008

**Transaction ID:** 80303.C9792

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)  
Deirdre McGowan

Mailing Address 1826 Lyncrest Ave.

City State Zip Code  
Jackson MS 39202

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

Name of Employer Occupation  
Self Businesswoman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

**Transaction ID:** 80331.C9959

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address P.O. Box 176

City State Zip Code  
Clinton MS 39060

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

Name of Employer Occupation  
Self Contractor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

**Transaction ID:** 80331.C9919

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) ..... ► **2750.00**

**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 57 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Mike McKay  
 Mailing Address 6500 Debill Lane  
 City State Zip Code  
 Gainesville VA 20155-4457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Federal Strategy Group Lobbyist  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2008  
**Transaction ID:** 80331.C9806  
 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)  
Malcolm McMillin  
 Mailing Address P.O. Box 1452  
 City State Zip Code  
 Jackson MS 39215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hinds County Sheriff Dept. Sheriff  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2008  
**Transaction ID:** 80331.C9927  
 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)  
Fred Miller  
 Mailing Address P.O. Box 24  
 City State Zip Code  
 Anguilla MS 38721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bank of Anguilla Banker  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1200.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2008  
**Transaction ID:** 80331.C10045  
 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) ..... ► 1500.00  
**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 58 / 126  
(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)  
Patrick Mitchell

Mailing Address 444 N Capitol Street, NW, Suite 84

City Washington State DC Zip Code 20001

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

Name of Employer Strategic Impact Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9868  
 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)  
Bobby Moak

Mailing Address P.O. Box 242

City Bogue Chitto State MS Zip Code 39629

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

Name of Employer MS House of Representatives Occupation State Representative

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9922  
 Amount of Each Receipt this Period 2300.00

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

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

Mailing Address 3929 Crane Blvd.

City Jackson State MS Zip Code 39216

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

Name of Employer Molpus Forestry Group Occupation Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9983  
 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) ..... ► **3800.00**

**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 59 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Alan Moore

Mailing Address 1510 Pinehurst Pl.

City State Zip Code  
Jackson MS 39202

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

Name of Employer Self Occupation  
Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9926

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)  
Alan Moore

Mailing Address 1510 Pinehurst Pl.

City State Zip Code  
Jackson MS 39202

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

Name of Employer Self Occupation  
Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2464.31

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2008

Transaction ID: 80331.C9993

Amount of Each Receipt this Period

964.31

In-Kind

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

Fundraising Expense

**C.**

Full Name (Last, First, Middle Initial)  
Carolyn G. Mugar

Mailing Address 586 Franklin St.

City State Zip Code  
Cambridge MA 02139

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

Name of Employer Farm Aid Occupation  
Executive Director

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2008

Transaction ID: 80331.C10028

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) ..... ▶

2464.31

**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 60 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Kyle Mulhall  
Mailing Address 1537 T Street, N.W.  
City Washington State DC Zip Code 20009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Akerman Senterfitt Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
500.00  
Date of Receipt 03 / 10 / 2008  
Transaction ID: 80331.C9809  
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)  
Virginia Munford  
Mailing Address 810 Gillespie Street  
City Jackson State MS Zip Code 39202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
1000.00  
Date of Receipt 03 / 11 / 2008  
Transaction ID: 80331.C9939  
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)  
Laura Murphy  
Mailing Address 2716 Unicorn Lane, NW  
City Washington State DC Zip Code 20015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
500.00  
Date of Receipt 03 / 11 / 2008  
Transaction ID: 80331.C9864  
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) ..... ► 2000.00  
**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 61 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
W. Hibbett Neel

Mailing Address P.O. Box 22625

City State Zip Code  
Jackson MS 39202

FEC ID number of contributing federal political committee. C

Name of Employer: Neel-Schaffer, INC Occupation: President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 11 / 2008

**Transaction ID:** 80331.C9923

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)  
Luther Ott

Mailing Address 4166 Dogwood Dr.

City State Zip Code  
Jackson MS 39211

FEC ID number of contributing federal political committee. C

Name of Employer: Self Occupation: Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 11 / 2008

**Transaction ID:** 80331.C9929

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)  
Bob Owens

Mailing Address P.O. Box 808

City State Zip Code  
Jackson MS 39205

FEC ID number of contributing federal political committee. C

Name of Employer: Self Occupation: Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 11 / 2008

**Transaction ID:** 80331.C9928

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) ..... 3000.00

**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 62 / 126
	<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b>	Full Name (Last, First, Middle Initial) Jody Owens		Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 109 Inez Owens Dr.		<b>Transaction ID:</b> 80331.C9961
	City Jackson	State MS	Zip Code 39212
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Butler Snow	Occupation Attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence Owens		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address P.O. Box 186		<b>Transaction ID:</b> 80331.C10007
	City Hughes	State AR	Zip Code 72348
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Self	Occupation Businessman	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Ralph M. Paige		Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 329 Red Oak Lane		<b>Transaction ID:</b> 80331.C10029
	City Pine Mountain	State GA	Zip Code 31822
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Federation of Southern Co-op.	Occupation Executive Director	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 63 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 120 Canterbury Place

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer Occupation  
Madison Co. Board of Supv. Board Secretary

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008

**Transaction ID:** 80331.C9940

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)  
Hugh Parker

Mailing Address 120 Canterburg Place

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer Occupation  
Horne LLP CPA

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008

**Transaction ID:** 80331.C9915

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 209 Hoppen Place

City State Zip Code  
Bogalusa LA 70427

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2008

**Transaction ID:** 80331.C9991

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5600.00**

**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 64 / 126  
 (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 209 Hoppen Place

City State Zip Code  
Bogalusa LA 70427

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2008

Transaction ID: 80331.C9992

Amount of Each Receipt this Period  
 200.00

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

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

Mailing Address 7137 Horseshore Cliff, Ave.

City State Zip Code  
Las Vegas NV 89113

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

Name of Employer MGM Grand Hotel Casino Occupation Senior Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2008

Transaction ID: 80221.C9777

Amount of Each Receipt this Period  
 250.00

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

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

Mailing Address 1217 Pinehurst Street

City State Zip Code  
Jackson MS 39202

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2008

Transaction ID: 80331.C9973

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) ..... ► **950.00**

**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 65 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Crymes G. Pittman  
Mailing Address 410 S. President  
City Jackson State MS Zip Code 39201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2300.00  
Date of Receipt 03 / 11 / 2008  
Transaction ID: 80331.C9917  
Amount of Each Receipt this Period 2300.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Crymes G. Pittman  
Mailing Address 410 S. President  
City Jackson State MS Zip Code 39201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4600.00  
Date of Receipt 03 / 11 / 2008  
Transaction ID: 80331.C9921  
Amount of Each Receipt this Period 2300.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Peyton Prospere  
Mailing Address 1336 St. Mary Street  
City Jackson State MS Zip Code 39202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt 03 / 11 / 2008  
Transaction ID: 80331.C9964  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4850.00  
**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 66 / 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 1 Hazelhurst Pass

City Henderson State NV Zip Code 89052

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

Name of Employer Luxor Occupation President/COO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 02 / 26 / 2008  
**Transaction ID:** 80226.C9783  
 Amount of Each Receipt this Period 2300.00

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

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

Mailing Address 359 Geelan Dr.

City Marion State AR Zip Code 72364

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 28 / 2008  
**Transaction ID:** 80331.C10025  
 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)  
William Reed

Mailing Address 28 Waterford Place

City Jackson State MS Zip Code 39211

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

Name of Employer Barker Donelson Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2008  
**Transaction ID:** 80331.C9975  
 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) ..... ► **3800.00**

**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 67 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
Carlton W. Reeves  
Mailing Address P.O. Box 22725  
City Jackson State MS Zip Code 39202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 03 / 11 / 2008  
Transaction ID: 80331.C9981  
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)  
Donald Richardson  
Mailing Address 267 Fayes Forest Road  
City Clinton State AR Zip Code 72031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 03 / 28 / 2008  
Transaction ID: 80331.C10023  
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)  
Darlene Richeson  
Mailing Address 3211 Eleanors Garden Way  
City Woodbine State MD Zip Code 21797  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 1500.00  
Date of Receipt 03 / 11 / 2008  
Transaction ID: 80331.C9886  
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) ..... ► 2000.00  
**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 68 / 126
	<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b>	Full Name (Last, First, Middle Initial) J.E. Roberts		Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 410 S. President Street		<b>Transaction ID:</b> 80331.C9989
	City Jackson	State MS	Zip Code 39201
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	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)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eduardo Robles		Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 130 Flecha Lane		<b>Transaction ID:</b> 80226.C9789
	City Laredo	State TX	Zip Code 78045
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Uni-trade Forwarding	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joyce Rogers		Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 5412 Wycklow Ct.		<b>Transaction ID:</b> 80331.C9874
	City Alexandria	State VA	Zip Code 22304
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Williams and Jensen LLP	Occupation Attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b>	Full Name (Last, First, Middle Initial) Ken Rosevear	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 8407 Turtle Creek Circle	<b>Transaction ID:</b> 80226.C9784
	City State Zip Code Las Vegas NV 89113	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation MGM Mirage Corp. President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Rowe	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 3915 - 49th Street, NW	<b>Transaction ID:</b> 80331.C10012
	City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation James Mintz Group Vice President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Randall Russell	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 940 Swinks Mill Road	<b>Transaction ID:</b> 80331.C10019
	City State Zip Code Mc Lean VA 22102	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Leshner & Russell Lobbyist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 70 / 126  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.** Full Name (Last, First, Middle Initial)  
August Schumacher  
Mailing Address 1332 29th St., NW  
City Washington State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SJH and Company, Inc. Occupation Director  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 03 / 28 / 2008  
Transaction ID: 80331.C10043  
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)  
John Shigley  
Mailing Address 10016 Cresent Mesa Lane  
City Las Vegas State NV Zip Code 89145  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MGM Grand Inc. Occupation Executive Vice President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 03 / 11 / 2008  
Transaction ID: 80331.C9856  
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)  
Nathan Slater  
Mailing Address 3246 Wynndale Road  
City Terry State MS Zip Code 39170  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cisco Occupation Account Executive  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 03 / 11 / 2008  
Transaction ID: 80331.C9958  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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 71 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
T. Mark Sledge

Mailing Address P.O. Box 16570

City State Zip Code  
Jackson MS 39236

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

Name of Employer Self Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9920

Amount of Each Receipt this Period

2300.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Robert Smith

Mailing Address 150 E. 44th Street, Apt. 8D

City State Zip Code  
New York NY 10017

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

Name of Employer Sterne Agee Leach Occupation Vice President

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9972

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)  
Sutter Smith

Mailing Address 405 Marquis Street

City State Zip Code  
Jackson MS 39206

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

Name of Employer Hinds County Occupation Zoning

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9962

Amount of Each Receipt this Period

250.00

Receipt

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

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

3050.00

**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 72 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Larry Spriggs

Mailing Address 7806 Mystic River Terrance

City State Zip Code  
Glenn Dale MD 20769

FEC ID number of contributing federal political committee. C

Name of Employer SCEI, Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9860

Amount of Each Receipt this Period 250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Lance Stevens

Mailing Address 104 Keystone Place

City State Zip Code  
Brandon MS 39042

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9967

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)  
Stacey Stracener

Mailing Address 1123 Pinehurst Place

City State Zip Code  
Jackson MS 39202

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9963

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

**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 73 / 126

(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)  
Daniella Strother

Mailing Address 3036 New Mexico Ave., NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
Wexler & Walker Associate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9869

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)  
Dennis Sweet

Mailing Address 378 Fannin Landing Circle

City State Zip Code  
Brandon MS 39047

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9914

Amount of Each Receipt this Period

2300.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Marie Sylla

Mailing Address 2007 West Chester Dr.

City State Zip Code  
Silver Spring MD 20902

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

Name of Employer Occupation  
Verizon Government Relations

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9867

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) ..... ▶

3800.00

**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 74 / 126  
(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)  
Michael Tapper

Mailing Address 14120 Seyzal Lane

City State Zip Code  
Purcellville VA 20132

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

Name of Employer Occupation  
Tapper Consulting, LLC Political Director

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2008

Transaction ID: 80331.C9997

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)  
Beverly Thomas

Mailing Address 3302 Barcroft Dr.

City State Zip Code  
Upper Marlboro MD 20774

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

Name of Employer Occupation  
Regional Contracting Services President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

Transaction ID: 80331.C10024

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)  
Worth Thomas

Mailing Address P.O. Box 774

City State Zip Code  
Jackson MS 39205

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

Name of Employer Occupation  
Self Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

Transaction ID: 80331.C9934

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 75 / 126  
(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)  
Andrew Tisch

Mailing Address 895 Park Ave.

City State Zip Code  
New York NY 10075

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

Name of Employer Occupation  
Lowes Corporation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2008

**Transaction ID:** 80331.C9850

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)  
Joe Waggoner

Mailing Address 100 Cherry Laurel Circle

City State Zip Code  
Ridgeland MS 39157

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

Name of Employer Occupation  
Waggoner Engineering, Inc. Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2008

**Transaction ID:** 80331.C9933

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)  
Jeff Wagner

Mailing Address 1702 N. State Street

City State Zip Code  
Jackson MS 39202

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2008

**Transaction ID:** 80331.C9965

Amount of Each Receipt this Period  
250.00

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

**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 76 / 126  
(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 A. Waits

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2008

Mailing Address 6609 Persimmon Tree Road

Transaction ID: 80331.C9998

City State Zip Code  
Cabin John MD 20818

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Winston & Strawn Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 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)  
James Warren

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

Mailing Address P.O. Box 1005

Transaction ID: 80331.C9937

City State Zip Code  
Jackson MS 39215

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mitchell, McNuff Law Firm Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 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)  
Shirley Watkins

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

Mailing Address 16612 Sea Island Ct.

Transaction ID: 80331.C10022

City State Zip Code  
Silver Spring MD 20905-4086

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Consultant

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

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) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 126

(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

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

Mailing Address 5406 Grove Street

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
Lorillard Tobacco Company Vice President

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2008

Transaction ID: 80331.C9804

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)  
C. Victor Welsh

Mailing Address P.O. Box 22985

City State Zip Code  
Jackson MS 39225

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

Name of Employer Occupation  
Pittman,Germany,Roberts&W-  
elsh Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9982

Amount of Each Receipt this Period

2300.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Angelo Wilkins

Mailing Address 3106 Eagles Nest Drive

City State Zip Code  
Bowie MD 20716

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

Name of Employer Occupation  
Softcon Enterprises Systems Engineer

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: 80331.C9873

Amount of Each Receipt this Period

250.00

Receipt

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

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

3050.00

**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 78 / 126
	<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address P.O. Box 1182

City State Zip Code  
Hughes AR 72348

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

Name of Employer Self Occupation Businessman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

**Transaction ID:** 80331.C10008

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 12818 Century Drive

City State Zip Code  
Stafford TX 77477

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

Name of Employer Lasershot, Inc. Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

**Transaction ID:** 80331.C9892

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)  
Lloyd Wright

Mailing Address 11307 Baritone Ct.

City State Zip Code  
Silver Spring MD 20901

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

**Transaction ID:** 80331.C10031

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) ..... ► **1250.00**

**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 79 / 126  
(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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Elaine Wynn

Mailing Address 3131 Las Vegas Blvd. South

City Las Vegas State NV Zip Code 89109

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

Name of Employer Wynn Resorts Occupation Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 10 / 2008

Transaction ID: 80331.C9812

Amount of Each Receipt this Period 2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Elaine Wynn

Mailing Address 3131 Las Vegas Blvd. South

City Las Vegas State NV Zip Code 89109

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

Name of Employer Wynn Resorts Occupation Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 03 / 10 / 2008

Transaction ID: 80331.C9813

Amount of Each Receipt this Period 2300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Wynn

Mailing Address 3131 Las Vegas Blvd., South

City Las Vegas State NV Zip Code 89109

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

Name of Employer Wynn Resorts Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 10 / 2008

Transaction ID: 80331.C9810

Amount of Each Receipt this Period 2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6900.00**

**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 80 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
Stephen Wynn

Mailing Address 3131 Las Vegas Blvd., South

City State Zip Code  
Las Vegas NV 89109

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

Name of Employer Occupation  
Wynn Resorts Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2008

Transaction ID: 80331.C9811

Amount of Each Receipt this Period  
2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Tijuana Young

Mailing Address 2817 Flagmaker Dr.

City State Zip Code  
Falls Church VA 22042

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

Name of Employer Occupation  
NRCS Dir. of Legal Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

Transaction ID: 80331.C10021

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) ..... ► **3300.00**

**TOTAL** This Period (last page this line number only) ..... ► **130397.31**



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 126  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

**A.**

Full Name (Last, First, Middle Initial)  
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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
14221.42

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

Transaction ID: 80409.C10059

Amount of Each Receipt this Period  
1639.12

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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
15506.43

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: 80409.C10060

Amount of Each Receipt this Period  
1285.01

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2924.13**

**TOTAL** This Period (last page this line number only) ..... ► **2924.13**

# 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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

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

Mailing Address 236 Massachusetts Ave., N.E. #508

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
Fundraising Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80331.E6548  
Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2008

Amount of Each Disbursement this Period

4296.83

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

FUNDRAISING EXPENSE

**B.** 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

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80331.E6553  
Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2008

Amount of Each Disbursement this Period

3960.52

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

CREDIT CARD PAYMENT; SEE BELOW

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

Mailing Address P.O. Box 4607

City Houston State TX Zip Code 77210-4607

Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80331.E6550  
Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2008

Amount of Each Disbursement this Period

813.60

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) ..... ▶

8257.35

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Continental Airlines  Mailing Address P.O. Box 4607  City Houston State TX Zip Code 77210-4607  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: 80331.E6554 Date of Disbursement 03 / 06 / 2008  Amount of Each Disbursement this Period 457.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
B.	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: 80331.E6556 Date of Disbursement 03 / 06 / 2008  Amount of Each Disbursement this Period 257.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 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: 80331.E6555 Date of Disbursement 03 / 06 / 2008  Amount of Each Disbursement this Period 469.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: 80331.E6549  
Date of Disbursement

Mailing Address P.O. Box 650448

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City Dallas State TX Zip Code 75265-0448

Amount of Each Disbursement this Period

-6489.37
----------

Purpose of Disbursement

Voided Check

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

VOIDED CHECK

State: District:

B.

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: 80409.E6639  
Date of Disbursement

Mailing Address P.O. Box 650448

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City Dallas State TX Zip Code 75265-0448

Amount of Each Disbursement this Period

6489.37
---------

Purpose of Disbursement

Credit Card Payment

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

CREDIT CARD PAYMENT

State: District:

C.

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

Transaction ID: 80331.E6580  
Date of Disbursement

Mailing Address P.O. Box 105262

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	8

City Atlanta State GA Zip Code 30348-5262

Amount of Each Disbursement this Period

463.60
--------

Purpose of Disbursement

Phone Services

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PHONE SERVICES

State: District:

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

463.60
--------

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</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: 80331.E6602 Date of Disbursement 03 / 20 / 2008  Amount of Each Disbursement this Period 653.60  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICES
<b>B.</b>	Full Name (Last, First, Middle Initial) AT&T Mobility  Mailing Address P.O. Box 6463  City Carol Stream State IL Zip Code 60197-6463  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: 80331.E6552 Date of Disbursement 03 / 06 / 2008  Amount of Each Disbursement this Period 376.63  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICES
<b>C.</b>	Full Name (Last, First, Middle Initial) Atmos Energy  Mailing Address P.O. Box 9001949  City Louisville State KY Zip Code 40290-1949  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: 80303.E6466 Date of Disbursement 02 / 29 / 2008  Amount of Each Disbursement this Period 35.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES

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

1065.23

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Stephanie Booker <hr/> Mailing Address 12 Pecan Street <hr/> City Rolling Fork State MS Zip Code 39159- <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: 80331.E6591 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 47.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TRAVEL EXPENSE</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Lawrence Browder <hr/> Mailing Address 105 Central Street <hr/> City Belzoni State MS Zip Code 39038- <hr/> Purpose of Disbursement Canvassing 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: 80306.E6494 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 230.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CANVASSING</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Lawrence Browder <hr/> Mailing Address 105 Central Street <hr/> City Belzoni State MS Zip Code 39038- <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: 80331.E6516 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TRAVEL EXPENSE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	427.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) John Brown  Mailing Address 270 W. Peace Street  City Canton State MS Zip Code 39046-  Purpose of Disbursement Canvassing  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: 80306.E6499 Date of Disbursement 03 / 05 / 2008  Amount of Each Disbursement this Period 690.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CANSASSING
B.	Full Name (Last, First, Middle Initial) John Brown  Mailing Address 270 W. Peace Street  City Canton State MS Zip Code 39046-  Purpose of Disbursement See Below; Salaries  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: 80331.E6522 Date of Disbursement 03 / 06 / 2008  Amount of Each Disbursement this Period 450.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SEE BELOW; SALARIES
C.	Full Name (Last, First, Middle Initial) John Brown  Mailing Address 270 W. Peace Street  City Canton State MS Zip Code 39046-  Purpose of Disbursement Salaries  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: 80331.E6523 Date of Disbursement 03 / 06 / 2008  Amount of Each Disbursement this Period 450.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: SALARIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Wayne L. Brown <hr/> Mailing Address 830 Rose Hill Road <hr/> City Mendenhall State MS Zip Code 39114- <hr/> Purpose of Disbursement Travel Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80303.E6463 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	8	/	2	0	0	8	Amount of Each Disbursement this Period <table border="1"> <tr> <td>300.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TRAVEL REIMBURSEMENT	300.00
M	M	/	D	D	/	Y	Y	Y	Y															
0	2	/	2	8	/	2	0	0	8															
300.00																								
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Wayne L. Brown <hr/> Mailing Address 830 Rose Hill Road <hr/> City Mendenhall State MS Zip Code 39114- <hr/> Purpose of Disbursement Travel Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80331.E6565 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	0	/	2	0	0	8	Amount of Each Disbursement this Period <table border="1"> <tr> <td>300.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TRAVEL REIMBURSEMENT	300.00
M	M	/	D	D	/	Y	Y	Y	Y															
0	3	/	1	0	/	2	0	0	8															
300.00																								
<b>C.</b>	Full Name (Last, First, Middle Initial) Classic Printing Company <hr/> Mailing Address P.O. Box 68696 <hr/> City Jackson State MS Zip Code 39286-8696 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80331.E6585 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	3	/	2	0	0	8	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9388.50</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PRINTING	9388.50
M	M	/	D	D	/	Y	Y	Y	Y															
0	3	/	1	3	/	2	0	0	8															
9388.50																								

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

**9988.50**

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

.....



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

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Coahoma Co. Campaign Committee	Transaction ID: 80331.E6542 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 335	Amount of Each Disbursement this Period 400.00
	City Clarksdale State MS Zip Code 38614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing	
	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) ▼
		CANVASSING

B.	Full Name (Last, First, Middle Initial) Coahoma Co. Campaign Committee	Transaction ID: 80331.E6563 Date of Disbursement 03 / 07 / 2008
	Mailing Address P.O. Box 335	Amount of Each Disbursement this Period 920.00
	City Clarksdale State MS Zip Code 38614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries	
	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) ▼
		SEE BELOW; SALARIES

C.	Full Name (Last, First, Middle Initial) Coahoma Co. Campaign Committee	Transaction ID: 80331.E6570 Date of Disbursement 03 / 07 / 2008
	Mailing Address P.O. Box 335	Amount of Each Disbursement this Period 920.00
	City Clarksdale State MS Zip Code 38614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salaries	
	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>[MEMO ITEM]</b> MEMO: SALARIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1320.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Coahoma Co. Campaign Committee	Transaction ID: 80331.E6567 Date of Disbursement																			
	Mailing Address P.O. Box 335	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	1	0	/	2	0	0	8												
	City Clarksdale State MS Zip Code 38614-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Sign Posting	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SIGN POSTING																			

B.	Full Name (Last, First, Middle Initial) Thelma B. Cocroft	Transaction ID: 80306.E6497 Date of Disbursement																			
	Mailing Address 603 Boyd St.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	5	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	0	5	/	2	0	0	8												
	City Carthage State MS Zip Code 39051-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Canvassing	<table border="1"><tr><td>345.00</td></tr></table>	345.00																		
345.00																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CANVASSING																			

C.	Full Name (Last, First, Middle Initial) Thelma B. Cocroft	Transaction ID: 80331.E6561 Date of Disbursement																			
	Mailing Address 603 Boyd St.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	7	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	0	7	/	2	0	0	8												
	City Carthage State MS Zip Code 39051-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Canvassing	<table border="1"><tr><td>115.00</td></tr></table>	115.00																		
115.00																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CANVASSING																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>610.00</td></tr></table>	610.00
610.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Ms. Sharlet Collins	Transaction ID: 80306.E6489 Date of Disbursement 03 / 05 / 2008
	Mailing Address 1029 Hansen Street	Amount of Each Disbursement this Period 805.00
	City Hazlehurst State MS Zip Code 39083-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CANVASSING

B.	Full Name (Last, First, Middle Initial) Ms. Sharlet Collins	Transaction ID: 80331.E6568 Date of Disbursement 03 / 10 / 2008
	Mailing Address 1029 Hansen Street	Amount of Each Disbursement this Period 150.00
	City Hazlehurst State MS Zip Code 39083-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Sign Posting	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SIGN POSTING

C.	Full Name (Last, First, Middle Initial) Copytek-tronics, Inc.	Transaction ID: 80305.E6485 Date of Disbursement 03 / 05 / 2008
	Mailing Address 1485 Livingston Lane	Amount of Each Disbursement this Period 128.40
	City Jackson State MS Zip Code 39213-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Equipment Rental	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EQUIPMENT RENTAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1083.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
Mr. Johnny Daniels

Transaction ID: 80331.E6572  
Date of Disbursement

Mailing Address 641 Nakoma Dr.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

City Jackson State MS Zip Code 39206-

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Posting Signs  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

POSTING SIGNS

B.

Full Name (Last, First, Middle Initial)  
Ms. Catherine Davis

Transaction ID: 80306.E6491  
Date of Disbursement

Mailing Address 4444 Saint Thomas Road

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

City Bolton State MS Zip Code 39041-

Amount of Each Disbursement this Period

460.00
--------

Purpose of Disbursement  
Canvassing  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

CANVASSING

C.

Full Name (Last, First, Middle Initial)  
Ms. Catherine Davis

Transaction ID: 80331.E6514  
Date of Disbursement

Mailing Address 4444 Saint Thomas Road

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City Bolton State MS Zip Code 39041-

Amount of Each Disbursement this Period

350.00
--------

Purpose of Disbursement  
See Below; Salaries  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

SEE BELOW; SALARIES

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

1110.00
---------

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

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# 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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
Ms. Catherine Davis

Mailing Address 4444 Saint Thomas Road

City Bolton State MS Zip Code 39041-

Purpose of Disbursement

Salaries

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80331.E6540

Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

350.00

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

[MEMO ITEM]

MEMO: SALARIES

B.

Full Name (Last, First, Middle Initial)  
Ms. Temeka Davis

Mailing Address 4444 St. Thomas Rd.

City Bolton State MS Zip Code 39041-

Purpose of Disbursement

Salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80303.E6467

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

300.00

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

SALARY

C.

Full Name (Last, First, Middle Initial)  
Ms. Temeka Davis

Mailing Address 4444 St. Thomas Rd.

City Bolton State MS Zip Code 39041-

Purpose of Disbursement

Salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80331.E6511

Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

300.00

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

SALARY

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

600.00

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
Ms. Temeka Davis

Mailing Address 4444 St. Thomas Rd.

City Bolton State MS Zip Code 39041-

Purpose of Disbursement

Salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80331.E6586

Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

150.00

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

SALARY

B.

Full Name (Last, First, Middle Initial)  
Mr. Larry Dennis

Mailing Address P.O. Box 582

City Pickens State MS Zip Code 39146-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80331.E6564

Date of Disbursement

03 / 07 / 2008

Amount of Each Disbursement this Period

165.00

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

TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)  
Mr. Larry Dennis

Mailing Address P.O. Box 582

City Pickens State MS Zip Code 39146-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80331.E6596

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

350.00

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

TRAVEL EXPENSE

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

665.00

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<p><b>A.</b> 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><b>Transaction ID:</b> 80331.E6578 <b>Date of Disbursement</b> 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 62.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>UTILITIES</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. LaTasha Estus</p> <p>Mailing Address 5965 Libby Lane</p> <p>City Jackson State MS Zip Code 39211-</p> <p>Purpose of Disbursement Webhosting</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><b>Transaction ID:</b> 80305.E6484 <b>Date of Disbursement</b> 03 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 107.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>WEBHOSTING</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 94515</p> <p>City Palatine State IL Zip Code 60094-4515</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><b>Transaction ID:</b> 80331.E6577 <b>Date of Disbursement</b> 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 201.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OVERNIGHT DELIVERY</b></p>

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

**371.37**

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Fernandez Creative Services	Transaction ID: 80331.E6582 Date of Disbursement 03 / 13 / 2008
	Mailing Address 200 Commerce/Suite B	Amount of Each Disbursement this Period 195.00
	City Jackson State MS Zip Code 39205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Spot Production 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) ▼
		RADIO SPOT PRODUCTION

B.	Full Name (Last, First, Middle Initial) Allen Fletcher	Transaction ID: 80306.E6508 Date of Disbursement 03 / 05 / 2008
	Mailing Address 2122 Attla Road 1146	Amount of Each Disbursement this Period 345.00
	City Kosciusko State MS Zip Code 39090-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing 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) ▼
		CANVASSING

C.	Full Name (Last, First, Middle Initial) Allen Fletcher	Transaction ID: 80331.E6538 Date of Disbursement 03 / 06 / 2008
	Mailing Address 2122 Attla Road 1146	Amount of Each Disbursement this Period 150.00
	City Kosciusko State MS Zip Code 39090-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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) ▼
		TRAVEL EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	690.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Jeffery Gooden	Transaction ID: 80409.E6632 Date of Disbursement 03 / 05 / 2008
	Mailing Address P.O. Box 335	Amount of Each Disbursement this Period 920.00
	City Clarksdale State MS Zip Code 38614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW; SALARIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jeffery Gooden	Transaction ID: 80409.E6637 Date of Disbursement 03 / 05 / 2008
	Mailing Address P.O. Box 335	Amount of Each Disbursement this Period 920.00
	City Clarksdale State MS Zip Code 38614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salaries Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: SALARIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Jeffery Gooden	Transaction ID: 80306.E6509 Date of Disbursement 03 / 05 / 2008
	Mailing Address P.O. Box 335	Amount of Each Disbursement this Period -920.00
	City Clarksdale State MS Zip Code 38614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Voided Check Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	VOIDED CHECK
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
Robert Grayson

Transaction ID: 80306.E6503  
Date of Disbursement

Mailing Address P.O. Box 225

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

City Tutwiler State MS Zip Code 38963-

Amount of Each Disbursement this Period

460.00
--------

Purpose of Disbursement  
Canvassing

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

CANVASSING

State: District:

B.

Full Name (Last, First, Middle Initial)  
Robert Grayson

Transaction ID: 80331.E6531  
Date of Disbursement

Mailing Address P.O. Box 225

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City Tutwiler State MS Zip Code 38963-

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
Travel Expense

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

TRAVEL EXPENSE

State: District:

C.

Full Name (Last, First, Middle Initial)  
Beulah Greer

Transaction ID: 80306.E6492  
Date of Disbursement

Mailing Address 301 Henry Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

City Lexington State MS Zip Code 39095-

Amount of Each Disbursement this Period

690.00
--------

Purpose of Disbursement  
Canvassing

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

CANVASSING

State: District:

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

1300.00
---------

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

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# 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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Beulah Greer</p> <p>Mailing Address 301 Henry Street</p> <p>City Lexington State MS Zip Code 39095-</p> <p>Purpose of Disbursement See Below; Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80331.E6515</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="550.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW; SALARIES</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Beulah Greer</p> <p>Mailing Address 301 Henry Street</p> <p>City Lexington State MS Zip Code 39095-</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80331.E6541</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="550.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: SALARIES</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Beulah Greer</p> <p>Mailing Address 301 Henry Street</p> <p>City Lexington State MS Zip Code 39095-</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80331.E6566</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CANVASSING</p>

**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)

PAGE 100 / 126

<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) Mr. Karis Gutter	Transaction ID: 80303.E6460 Date of Disbursement 02 / 27 / 2008
	Mailing Address 3132 Irma Court	Amount of Each Disbursement this Period 942.32
	City Suitland State MD Zip Code 20746-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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) ▼
		TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) Mr. Homer Lee Howie	Transaction ID: 80303.E6461 Date of Disbursement 02 / 27 / 2008
	Mailing Address 2570 Bailey Ave.	Amount of Each Disbursement this Period 2400.00
	City Jackson State MS Zip Code 39213-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent-Jackson Office 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) ▼
		RENT-JACKSON OFFICE

C.	Full Name (Last, First, Middle Initial) Ms. Helen Hunter	Transaction ID: 80306.E6496 Date of Disbursement 03 / 05 / 2008
	Mailing Address 6672 Stampley Rd.	Amount of Each Disbursement this Period 460.00
	City Fayette State MS Zip Code 39069-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing 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) ▼
		CANVASSING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3802.32
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Helen Hunter</p> <p>Mailing Address 6672 Stampley Rd.</p> <p>City Fayette State MS Zip Code 39069-</p> <p>Purpose of Disbursement Travel Expense</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><b>Transaction ID:</b> 80331.E6519 <b>Date of Disbursement</b> 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TRAVEL EXPENSE</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ICBC Broadcast Holdings, Inc.</p> <p>Mailing Address 731 S. Pear Orchard Road</p> <p>City Ridgeland State MS Zip Code 39157-</p> <p>Purpose of Disbursement Radio Spots</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><b>Transaction ID:</b> 80303.E6478 <b>Date of Disbursement</b> 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>RADIO SPOTS</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jackson Advocate</p> <p>Mailing Address 438 N. Mill Street</p> <p>City Jackson State MS Zip Code 39202-</p> <p>Purpose of Disbursement Ad</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><b>Transaction ID:</b> 80331.E6600 <b>Date of Disbursement</b> 03 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>AD</b></p>

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

**6300.00**

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) David Jordan	Transaction ID: 80306.E6498 Date of Disbursement 03 / 05 / 2008
	Mailing Address P.O. Box 8173	Amount of Each Disbursement this Period 1150.00
	City Greenwood State MS Zip Code 38935-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing	
	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) ▼
		CANVASSING

B.	Full Name (Last, First, Middle Initial) David Jordan	Transaction ID: 80331.E6520 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 8173	Amount of Each Disbursement this Period 650.00
	City Greenwood State MS Zip Code 38935-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries	
	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) ▼
		SEE BELOW; SALARIES

C.	Full Name (Last, First, Middle Initial) David Jordan	Transaction ID: 80331.E6521 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 8173	Amount of Each Disbursement this Period 650.00
	City Greenwood State MS Zip Code 38935-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salaries	
	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>[MEMO ITEM]</b> MEMO: SALARIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
Ms. Machel Kyles

Transaction ID: 80303.E6468  
Date of Disbursement

Mailing Address P.O. Box 591

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City Bolton State MS Zip Code 39041-

Amount of Each Disbursement this Period

1710.00
---------

Purpose of Disbursement  
Salary

--

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) ▼

SALARY

State: District:

B.

Full Name (Last, First, Middle Initial)  
Ms. Machel Kyles

Transaction ID: 80306.E6490  
Date of Disbursement

Mailing Address P.O. Box 591

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

City Bolton State MS Zip Code 39041-

Amount of Each Disbursement this Period

4470.00
---------

Purpose of Disbursement  
Canvassing

--

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) ▼

CANVASSING

State: District:

C.

Full Name (Last, First, Middle Initial)  
Ms. Machel Kyles

Transaction ID: 80331.E6595  
Date of Disbursement

Mailing Address P.O. Box 591

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	0	8

City Bolton State MS Zip Code 39041-

Amount of Each Disbursement this Period

134.97
--------

Purpose of Disbursement  
Canvassing

--

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) ▼

CANVASSING

State: District:

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

6314.97
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TOTAL This Period (last page this line number only) .....

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# 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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Machelle Kyles <hr/> Mailing Address P.O. Box 591 <hr/> City Bolton State MS Zip Code 39041- <hr/> Purpose of Disbursement Salary Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80331.E6594 Date of Disbursement 03 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 1210.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
<b>B.</b>	Full Name (Last, First, Middle Initial) Rufus McClain <hr/> Mailing Address 1126 Wiggs Road <hr/> City Marks State MS Zip Code 38646- <hr/> Purpose of Disbursement Canvassing Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80306.E6501 Date of Disbursement 03 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 540.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CANVASSING
<b>C.</b>	Full Name (Last, First, Middle Initial) Rufus McClain <hr/> Mailing Address 1126 Wiggs Road <hr/> City Marks State MS Zip Code 38646- <hr/> Purpose of Disbursement See Below; Salaries Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80331.E6526 Date of Disbursement 03 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW; SALARIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1950.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Rufus McClain	Transaction ID: 80331.E6527 Date of Disbursement 03 / 06 / 2008
	Mailing Address 1126 Wiggs Road	Amount of Each Disbursement this Period 200.00
	City Marks State MS Zip Code 38646-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salaries Candidate Name	<b>[MEMO ITEM]</b> MEMO: SALARIES
	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) MGM Mirage PAC	Transaction ID: 80331.C9994IK Date of Disbursement 03 / 20 / 2008
	Mailing Address 591 Redwood Highway #4000	Amount of Each Disbursement this Period 3373.50
	City Mill Valley State CA Zip Code 94941-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Expense Candidate Name	<b>IN KIND: FUNDRAISING EXPE-NSE</b>
	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) Alan Moore	Transaction ID: 80331.C9993IK Date of Disbursement 03 / 20 / 2008
	Mailing Address 1510 Pinehurst Pl.	Amount of Each Disbursement this Period 964.31
	City Jackson State MS Zip Code 39202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Expense Candidate Name	<b>IN KIND: FUNDRAISING EXPE-NSE</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4337.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: 80331.E6579 Date of Disbursement 03 / 13 / 2008
	Mailing Address 30 Ivy Street, SE	Amount of Each Disbursement this Period 151.13
	City Washington State DC Zip Code 20003-4701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Club Charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CLUB CHARGES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Mr. Henry Nickson, Jr.	Transaction ID: 80306.E6504 Date of Disbursement 03 / 05 / 2008
	Mailing Address P.O. Box 856	Amount of Each Disbursement this Period 345.00
	City Tunica State MS Zip Code 38676-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CANVASSING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Mr. Henry Nickson, Jr.	Transaction ID: 80331.E6532 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 856	Amount of Each Disbursement this Period 250.00
	City Tunica State MS Zip Code 38676-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW; SALARIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>746.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Henry Nickson, Jr.  Mailing Address P.O. Box 856  City Tunica State MS Zip Code 38676-  Purpose of Disbursement Salaries 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: 80331.E6533 Date of Disbursement 03 / 06 / 2008  Amount of Each Disbursement this Period 250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: SALARIES
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Henry Phillips  Mailing Address 102 Eastover Dr.  City Cleveland State MS Zip Code 38732-  Purpose of Disbursement Canvassing 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: 80306.E6486 Date of Disbursement 03 / 05 / 2008  Amount of Each Disbursement this Period 1265.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CANVASSING
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Henry Phillips  Mailing Address 102 Eastover Dr.  City Cleveland State MS Zip Code 38732-  Purpose of Disbursement See Below; Salaries 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: 80331.E6512 Date of Disbursement 03 / 06 / 2008  Amount of Each Disbursement this Period 700.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SEE BELOW; SALARIES

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

1965.00

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Henry Phillips <hr/> Mailing Address 102 Eastover Dr. <hr/> City Cleveland State MS Zip Code 38732- <hr/> Purpose of Disbursement Salaries Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80331.E6539 Date of Disbursement 03 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 700.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SALARIES
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Al Rankins <hr/> Mailing Address 1032 Meadow Dr. <hr/> City Greenville State MS Zip Code 38703- <hr/> Purpose of Disbursement Rent-Greenville Office Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80303.E6459 Date of Disbursement 02 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 200.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT-GREENVILLE OFFICE
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Al Rankins <hr/> Mailing Address 1032 Meadow Dr. <hr/> City Greenville State MS Zip Code 38703- <hr/> Purpose of Disbursement Canvassing Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80306.E6506 Date of Disbursement 03 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 1610.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CANVASSING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1810.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Mr. Al Rankins	Transaction ID: 80331.E6535 Date of Disbursement 03 / 06 / 2008
	Mailing Address 1032 Meadow Dr.	Amount of Each Disbursement this Period -1165.00
	City Greenville State MS Zip Code 38703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Voided Check	
	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) ▼
		VOIDED CHECK

B.	Full Name (Last, First, Middle Initial) Mr. Al Rankins	Transaction ID: 80331.E6544 Date of Disbursement 03 / 06 / 2008
	Mailing Address 1032 Meadow Dr.	Amount of Each Disbursement this Period 1165.00
	City Greenville State MS Zip Code 38703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries	
	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) ▼
		SEE BELOW; SALARIES

C.	Full Name (Last, First, Middle Initial) Mr. Al Rankins	Transaction ID: 80331.E6545 Date of Disbursement 03 / 06 / 2008
	Mailing Address 1032 Meadow Dr.	Amount of Each Disbursement this Period 1165.00
	City Greenville State MS Zip Code 38703-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salaries	
	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>[MEMO ITEM]</b> MEMO: SALARIES

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 110 / 126

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Al Rankins</p> <p>Mailing Address 1032 Meadow Dr.</p> <p>City Greenville State MS Zip Code 38703-</p> <p>Purpose of Disbursement See Below; Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80409.E6633</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1165.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW; SALARIES</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Al Rankins</p> <p>Mailing Address 1032 Meadow Dr.</p> <p>City Greenville State MS Zip Code 38703-</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80409.E6636</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1165.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: SALARIES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lindsey Roberts</p> <p>Mailing Address P.O. Box 270</p> <p>City Winona State MS Zip Code 38967-</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80306.E6500</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="460.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CANVASSING</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1625.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Lindsey Roberts	Transaction ID: 80331.E6524 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 270	Amount of Each Disbursement this Period 750.00
	City Winona State MS Zip Code 38967-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries 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) ▼
		Category/Type
		SEE BELOW; SALARIES

B.	Full Name (Last, First, Middle Initial) Lindsey Roberts	Transaction ID: 80331.E6525 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 270	Amount of Each Disbursement this Period 750.00
	City Winona State MS Zip Code 38967-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salaries 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) ▼
		Category/Type
		[MEMO ITEM] MEMO: SALARIES

C.	Full Name (Last, First, Middle Initial) Juanita Scott	Transaction ID: 80331.E6546 Date of Disbursement 03 / 06 / 2008
	Mailing Address 803 Oak St.	Amount of Each Disbursement this Period 600.00
	City Indianola State MS Zip Code 38751-3625	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries 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) ▼
		Category/Type
		SEE BELOW; SALARIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
Juanita Scott

Mailing Address 803 Oak St.

City Indianola State MS Zip Code 38751-3625

Purpose of Disbursement  
Salaries

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80331.E6547  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

Amount of Each Disbursement this Period

600.00
--------

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

**[MEMO ITEM]**  
MEMO: SALARIES

B.

Full Name (Last, First, Middle Initial)  
Juanita Scott

Mailing Address 803 Oak St.

City Indianola State MS Zip Code 38751-3625

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80306.E6510  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

Amount of Each Disbursement this Period

805.00
--------

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

CANVASSING

C.

Full Name (Last, First, Middle Initial)  
Mr. Clarence E. Scutter

Mailing Address P.O. Box 401

City Port Gibson State MS Zip Code 39150-

Purpose of Disbursement  
Canvassing

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80306.E6488  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

Amount of Each Disbursement this Period

575.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CANVASSING

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

1380.00
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**TOTAL** This Period (last page this line number only) .....

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**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Mr. Clarence E. Scutter	Transaction ID: 80331.E6562 Date of Disbursement 03 / 07 / 2008
	Mailing Address P.O. Box 401	Amount of Each Disbursement this Period 420.00
	City Port Gibson State MS Zip Code 39150-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food for Volunteers Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FOOD FOR VOLUNTEERS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Ms. Linda Williams Short	Transaction ID: 80306.E6495 Date of Disbursement 03 / 05 / 2008
	Mailing Address P.O. Box 293	Amount of Each Disbursement this Period 270.00
	City Mayersville State MS Zip Code 39113-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CANVASSING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Ms. Linda Williams Short	Transaction ID: 80331.E6517 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 293	Amount of Each Disbursement this Period 200.00
	City Mayersville State MS Zip Code 39113-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW; SALARIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>890.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Ms. Linda Williams Short	Transaction ID: 80331.E6518 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 293	Amount of Each Disbursement this Period 200.00
	City Mayersville State MS Zip Code 39113-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salaries Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: SALARIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Flora Stigler	Transaction ID: 80306.E6487 Date of Disbursement 03 / 05 / 2008
	Mailing Address P.O. Box 242	Amount of Each Disbursement this Period 345.00
	City Carrollton State MS Zip Code 38917-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CANVASSING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Flora Stigler	Transaction ID: 80331.E6513 Date of Disbursement 03 / 06 / 2008
	Mailing Address P.O. Box 242	Amount of Each Disbursement this Period 150.00
	City Carrollton State MS Zip Code 38917-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TRAVEL EXPENSE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	495.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Rufus E. Straughter <hr/> Mailing Address 120 Van Buren St. <hr/> City Belzoni State MS Zip Code 39038- <hr/> Purpose of Disbursement Canvassing Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80306.E6493 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td>230.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CANVASSING	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	8	230.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	5		2	0	0	8														
230.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Gil Sturgis <hr/> Mailing Address 5738 Brownlee Drive <hr/> City Jackson State MS Zip Code 39206- <hr/> Purpose of Disbursement Radio Promotions Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80331.E6592 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td>800.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RADIO PROMOTIONS	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	8	800.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	8														
800.00																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Linda Tabb <hr/> Mailing Address 2260 Utah <hr/> City Jackson State MS Zip Code 39213- <hr/> Purpose of Disbursement Salary Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80331.E6573 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td>275.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	8	275.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	1		2	0	0	8														
275.00																							

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

**1305.00**

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
The Black Group

Mailing Address 345 Park Ave.

City State Zip Code  
New York NY 10154-

Purpose of Disbursement  
Fundraising Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80331.E6583  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	8

Amount of Each Disbursement this Period

511.68
--------

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

FUNDRAISING EXPENSE

B.

Full Name (Last, First, Middle Initial)  
The MS Link Newspaper

Mailing Address 2659 Livingston Road

City State Zip Code  
Jackson MS 39213-1307

Purpose of Disbursement  
Ad

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80331.E6597  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	8

Amount of Each Disbursement this Period

1000.00
---------

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

AD

C.

Full Name (Last, First, Middle Initial)  
Bennie Thompson

Mailing Address 103 L.C. Turner Circle

City State Zip Code  
Bolton MS 39041-

Purpose of Disbursement  
Fundraising Expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80331.E6598  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	8

Amount of Each Disbursement this Period

1950.00
---------

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

FUNDRAISING EXPENSES

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

3461.68
---------

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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) TruBlu Politics <hr/> Mailing Address 15000 Pine Top Lane <hr/> City State Zip Code Burtonsville MD 20866- <hr/> Purpose of Disbursement Direct Mailing 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: 80305.E6482 Date of Disbursement 03 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 17700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAILING
B.	Full Name (Last, First, Middle Initial) Trustmark National Bank <hr/> Mailing Address P.O. Box 291 <hr/> City State Zip Code Jackson MS 39205-0291 <hr/> Purpose of Disbursement Service Charge 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: 80409.E6629 Date of Disbursement 02 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 20.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SERVICE CHARGE
C.	Full Name (Last, First, Middle Initial) Trustmark National Bank <hr/> Mailing Address P.O. Box 291 <hr/> City State Zip Code Jackson MS 39205-0291 <hr/> Purpose of Disbursement Service Charge 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: 80409.E6628 Date of Disbursement 02 / 29 / 2008 <hr/> 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 SERVICE CHARGE

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

17722.60

**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

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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

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80409.E6631  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

SERVICE CHARGE

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

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80409.E6630  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

SERVICE CHARGE

C.

Full Name (Last, First, Middle Initial)  
Evelyn Turner

Mailing Address 512 Martin Luther King Jr. Drive

City Yazoo City State MS Zip Code 39194-

Purpose of Disbursement  
Canvassing  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80306.E6507  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

CANVASSING

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 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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Evelyn Turner	Transaction ID: 80331.E6560 Date of Disbursement 03 / 06 / 2008
	Mailing Address 512 Martin Luther King Jr. Drive	Amount of Each Disbursement this Period 1150.00
	City Yazoo City State MS Zip Code 39194-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW; SALARIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Evelyn Turner	Transaction ID: 80331.E6559 Date of Disbursement 03 / 06 / 2008
	Mailing Address 512 Martin Luther King Jr. Drive	Amount of Each Disbursement this Period 1150.00
	City Yazoo City State MS Zip Code 39194-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salaries Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: SALARIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Evelyn Turner	Transaction ID: 80409.E6634 Date of Disbursement 03 / 06 / 2008
	Mailing Address 512 Martin Luther King Jr. Drive	Amount of Each Disbursement this Period 1000.00
	City Yazoo City State MS Zip Code 39194-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW; SALARIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<b>A.</b>	Full Name (Last, First, Middle Initial) Evelyn Turner <hr/> Mailing Address 512 Martin Luther King Jr. Drive <hr/> City Yazoo City State MS Zip Code 39194- <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80409.E6635 Date of Disbursement 03 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SALARIES
<b>B.</b>	Full Name (Last, First, Middle Initial) Evelyn Turner <hr/> Mailing Address 512 Martin Luther King Jr. Drive <hr/> City Yazoo City State MS Zip Code 39194- <hr/> Purpose of Disbursement Voided Check Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80331.E6557 Date of Disbursement 03 / 06 / 2008 <hr/> Amount of Each Disbursement this Period -1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 VOIDED CHECK
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Business <hr/> Mailing Address P.O. Box 371873 <hr/> City Pittsburgh State PA Zip Code 15250-7873 <hr/> Purpose of Disbursement Long Distance Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80331.E6584 Date of Disbursement 03 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 24.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LONG DISTANCE SERVICES

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

**-975.36**

**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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
Mr. Eldridge Walker

Transaction ID: 80306.E6502  
Date of Disbursement

Mailing Address P.O. Box 275

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	8

City State Zip Code  
Rolling Fork MS 39159-

Amount of Each Disbursement this Period

345.00
--------

Purpose of Disbursement  
Canvassing

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

CANVASSING

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Eldridge Walker

Transaction ID: 80331.E6530  
Date of Disbursement

Mailing Address P.O. Box 275

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City State Zip Code  
Rolling Fork MS 39159-

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
Travel Expense

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

TRAVEL EXPENSE

State: District:

C.

Full Name (Last, First, Middle Initial)  
WBAD

Transaction ID: 80303.E6470  
Date of Disbursement

Mailing Address 126 Seven Oaks Rd.

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City State Zip Code  
Greenville MS 38701-

Amount of Each Disbursement this Period

546.00
--------

Purpose of Disbursement  
Radio Spots

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

RADIO SPOTS

State: District:

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

1041.00
---------

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

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**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 122 / 126

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) WCLD-FM <hr/> Mailing Address P.O. Box 780 <hr/> City Cleveland State MS Zip Code 38732- <hr/> Purpose of Disbursement Radio Spots Candidate Name <input type="text"/> Category/Type <input type="text"/> <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: 80303.E6469 Date of Disbursement 02 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 836.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RADIO SPOTS
B.	Full Name (Last, First, Middle Initial) WGNL Radio Station <hr/> Mailing Address P.O. Box 1801 <hr/> City Greenwood State MS Zip Code 38930- <hr/> Purpose of Disbursement Radio Spots Candidate Name <input type="text"/> Category/Type <input type="text"/> <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: 80303.E6472 Date of Disbursement 02 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 988.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RADIO SPOTS
C.	Full Name (Last, First, Middle Initial) WHLH <hr/> Mailing Address 1375 Beasley Road <hr/> City Jackson State MS Zip Code 39206- <hr/> Purpose of Disbursement Voided Check Candidate Name <input type="text"/> Category/Type <input type="text"/> <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: 80303.E6477 Date of Disbursement 02 / 29 / 2008 <hr/> Amount of Each Disbursement this Period -1545.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 VOIDED CHECK

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	279.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

# 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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) WHLH	Transaction ID: 80409.E6638 Date of Disbursement 02 / 29 / 2008
	Mailing Address 1375 Beasley Road	Amount of Each Disbursement this Period 1545.00
	City Jackson State MS Zip Code 39206-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Spots 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) ▼
		RADIO SPOTS

B.	Full Name (Last, First, Middle Initial) WHLH	Transaction ID: 80305.E6481 Date of Disbursement 03 / 03 / 2008
	Mailing Address 1375 Beasley Road	Amount of Each Disbursement this Period 1313.25
	City Jackson State MS Zip Code 39206-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Spots 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) ▼
		RADIO SPOTS

C.	Full Name (Last, First, Middle Initial) WJIW-FM	Transaction ID: 80303.E6471 Date of Disbursement 02 / 29 / 2008
	Mailing Address 830 Maine Street	Amount of Each Disbursement this Period 370.50
	City Greenville State MS Zip Code 38702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Spots 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) ▼
		RADIO SPOTS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3228.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

<p><b>A.</b> Full Name (Last, First, Middle Initial) WKXG-AM</p> <p>Mailing Address P.O. Box 1686</p> <p>City Greenwood State MS Zip Code 38930-</p> <p>Purpose of Disbursement Radio Spots</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><b>Transaction ID:</b> 80303.E6474 <b>Date of Disbursement</b> 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 304.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>RADIO SPOTS</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WONG</p> <p>Mailing Address 126 E. Sowell</p> <p>City Canton State MS Zip Code 39046-</p> <p>Purpose of Disbursement Radio Spots</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><b>Transaction ID:</b> 80303.E6479 <b>Date of Disbursement</b> 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 266.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>RADIO SPOTS</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WRTM Radio Station</p> <p>Mailing Address P.O. Box 9734</p> <p>City Jackson State MS Zip Code 39286-</p> <p>Purpose of Disbursement Radio Spots</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><b>Transaction ID:</b> 80303.E6475 <b>Date of Disbursement</b> 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 698.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>RADIO SPOTS</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1268.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) WTYJ Radio	Transaction ID: 80303.E6476 Date of Disbursement 02 / 29 / 2008
	Mailing Address P.O. Box 1248	Amount of Each Disbursement this Period 532.00
	City Natchez State MS Zip Code 39121-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Spots	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RADIO SPOTS

B.	Full Name (Last, First, Middle Initial) Gertrude Young	Transaction ID: 80306.E6505 Date of Disbursement 03 / 05 / 2008
	Mailing Address 2067 Sky Farm Avenue	Amount of Each Disbursement this Period 805.00
	City Vicksburg State MS Zip Code 39180-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CANVASSING

C.	Full Name (Last, First, Middle Initial) Gertrude Young	Transaction ID: 80331.E6534 Date of Disbursement 03 / 06 / 2008
	Mailing Address 2067 Sky Farm Avenue	Amount of Each Disbursement this Period 500.00
	City Vicksburg State MS Zip Code 39180-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below; Salaries	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE BELOW; SALARIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1837.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 126

<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

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NAME OF COMMITTEE (In Full)  
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)  
Gertrude Young

Mailing Address 2067 Sky Farm Avenue

City Vicksburg State MS Zip Code 39180-

Purpose of Disbursement  
Salaries

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80331.E6537

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

Amount of Each Disbursement this Period

500.00
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SALARIES

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

0.00

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

96581.22