

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CDM Smith Inc. National PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. Box 100
P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
BENNIE G THOMPSON

Category/
Type

Office Sought: House
 Senate
 President
State: MS District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2013

Transaction ID : **SB23.14101**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. Box 100
P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
BENNIE G THOMPSON

Category/
Type

Office Sought: House
 Senate
 President
State: MS District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : **SB23.14103**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JIM CLYBURN

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
JAMES E CLYBURN

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : **SB23.14100**

Amount of Each Disbursement this Period

1500.00

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

5000.00

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