

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Friends of Bennie Thompson

ADDRESS (number and street) P.O. Box 100

Check if different than previously reported. (ACC) Bolton MS 39041

2. **FEC IDENTIFICATION NUMBER** C00279851 **CITY** **STATE** MS **ZIP CODE** MS **STATE** DISTRICT 02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on [] [] [] in the State of []

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

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

Election on [] [] [] in the State of []

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Reuben V. Anderson

Signature of Treasurer Electronically Filed by Reuben V. Anderson Date 07 14 2011

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

Office Use Only							
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Bennie Thompson

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	118853.71	1591441.44
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	6300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	118753.71	1585141.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	105496.09	723060.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3411.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	105496.09	719648.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2070990.11	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Friends of Bennie Thompson

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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	38275.22	596944.05
(i) Itemized (use Schedule A).....	2575.00	14309.00
(ii) Unitemized.....	40850.22	611253.05
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	78003.49	980188.39
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	118853.71	1591441.44
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	3411.97
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	270.76	4367.74
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	119124.47	1599221.15

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	105496.09	723060.28
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.....	100.00	3300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	6300.00
21. OTHER DISBURSEMENTS.....	75800.00	122010.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	181396.09	851370.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2133261.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	119124.47
25. SUBTOTAL (add Line 23 and Line 24).....	2252386.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	181396.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2070990.11

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

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

FOR LINE NUMBER: PAGE 5 / 94
(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)
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 3552.07

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 01012.C12132

Amount of Each Receipt this Period
1.45

Receipt

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

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 3554.11

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: 01012.C12222

Amount of Each Receipt this Period
2.04

Receipt

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

Mailing Address 1625 Massachusetts Ave. NW, 8th Fl

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 01012.C12135

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1003.49**

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 6 / 94
(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)
Air Line Pilots Association PAC

Mailing Address 1625 Massachusetts Ave. NW, 8th Fl

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 09 / 29 / 2010
Transaction ID: 01012.C12235
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
American Association of Airport

Mailing Address Executives Good Government Committ
601 Madison Street, Suite 400

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00176727

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12142
Amount of Each Receipt this Period: 1500.00
Receipt

C. 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: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 09 / 29 / 2010
Transaction ID: 01012.C12233
Amount of Each Receipt this Period: 5000.00
Receipt

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 7 / 94
(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 Hospital Committee PAC
Mailing Address 325 Seventh St. N.W., Suite 700
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00106146
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12152
Amount of Each Receipt this Period 1500.00
Receipt

B. Full Name (Last, First, Middle Initial)
American Nurses Assoc. PAC
Mailing Address 8515 George Avenue, Suite 400
City Silver Spring State MD Zip Code 20910
FEC ID number of contributing federal political committee. **C** C00017525
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 08 / 26 / 2010
Transaction ID: 01012.C12177
Amount of Each Receipt this Period 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
AVAYA, Inc. PAC
Mailing Address 1212 New York Ave., NW, Suite 1212
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00363382
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00
Date of Receipt 07 / 07 / 2010
Transaction ID: 00709.C12109
Amount of Each Receipt this Period 1000.00
Receipt

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)
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FOR LINE NUMBER: PAGE 8 / 94
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
BAE Systems USA PAC

Mailing Address 1300 N. 17th Street

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: 01012.C12179
Amount of Each Receipt this Period: 1500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Brownstein Hyatt Farber Schreck PAC

Mailing Address 410 17th Street, Suite 2200

City State Zip Code
Denver CO 80202

FEC ID number of contributing federal political committee. **C** C00390583

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12136
Amount of Each Receipt this Period: 1000.00
Receipt

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

Mailing Address 150 Fayetteville Street, Suite 281

City State Zip Code
Raleigh NC 27601

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: 01012.C12175
Amount of Each Receipt this Period: 1500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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 11a 11b 11c 11d
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Con-Way Inc. PAC

Mailing Address 2855 Campus Dr., Suite 300

City San Mateo State CA Zip Code 94403-2512

FEC ID number of contributing federal political committee. **C** C00110759

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 07 / 07 / 2010
Transaction ID: 00709.C12111
Amount of Each Receipt this Period 1000.00
Receipt

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

Mailing Address P.O. Box 4446

City Houston State TX Zip Code 77210

FEC ID number of contributing federal political committee. **C** C00099937

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt 09 / 30 / 2010
Transaction ID: 01012.C12239
Amount of Each Receipt this Period 1500.00
Receipt

C. Full Name (Last, First, Middle Initial)
CTIA-The Wireless Association PAC

Mailing Address 1400 16th Street, NW, Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00262295

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12144
Amount of Each Receipt this Period 1000.00
Receipt

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)
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FOR LINE NUMBER: PAGE 10 / 94
(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)
Dean Foods Company PAC

Mailing Address 2515 McKinney Avenue, Suite 1200

City State Zip Code
Dallas TX 75201

FEC ID number of contributing federal political committee. **C** C00340083

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12147
Amount of Each Receipt this Period: 1000.00
Receipt

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

Mailing Address P.O. Box 20706

City State Zip Code
Atlanta GA 30320-6001

FEC ID number of contributing federal political committee. **C** C00104802

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12139
Amount of Each Receipt this Period: 1500.00
Receipt

C. Full Name (Last, First, Middle Initial)
DRS Technologies INC. Good

Mailing Address Government Fund
5 Sylvan Way

City State Zip Code
Parsippany NJ 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12148
Amount of Each Receipt this Period: 1500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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FOR LINE NUMBER: PAGE 11 / 94
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
DRS Technologies INC. Good

Mailing Address Government Fund
5 Sylvan Way

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12149
Amount of Each Receipt this Period 2000.00
Receipt

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

Mailing Address 422 South Church Street, STO6F

City Charlotte State NC Zip Code 28202

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 08 / 2010
Transaction ID: 01012.C12214
Amount of Each Receipt this Period 1500.00
Receipt

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

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

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12151
Amount of Each Receipt this Period 1500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

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

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 11a 11b 11c 11d
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Farm Credit Council PAC
Mailing Address 50 F Street, NW Suite 900

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 08 / 11 / 2010
Transaction ID: 01012.C12154
Amount of Each Receipt this Period: 1500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Farm Credit Council PAC
Mailing Address 50 F Street, NW Suite 900

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt: 08 / 11 / 2010
Transaction ID: 01012.C12155
Amount of Each Receipt this Period: 3000.00
Receipt

C. Full Name (Last, First, Middle Initial)
General Dynamics Voluntary
Mailing Address Political Contribution Plan
2941 Fairview Park Dr., #100

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12145
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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

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

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FOR LINE NUMBER: PAGE 13 / 94
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 11a 11b 11c 11d
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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

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

Mailing Address 25 Massachusetts Avenue, NW
Suite 400

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2010
Transaction ID: 01012.C12215
Amount of Each Receipt this Period 1000.00
Receipt

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

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 26 / 2010
Transaction ID: 01012.C12181
Amount of Each Receipt this Period 500.00
Receipt

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

Mailing Address 1025 W. Nasa Blvd.

City Melbourne State FL Zip Code 32919

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 07 / 07 / 2010
Transaction ID: 00709.C12108
Amount of Each Receipt this Period 1000.00
Receipt

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)
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FOR LINE NUMBER: PAGE 14 / 94
(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)
IPAL

Mailing Address 1750 New York Avenue, NW, Ste. 400

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 08 / 26 / 2010
Transaction ID: 01012.C12176
Amount of Each Receipt this Period 2500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Jacobs Good Government Fund of Jacobs

Mailing Address Engineering Group, Inc.
1111 So. Arroyo Parkway

City Pasadena State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C** C00142299

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12146
Amount of Each Receipt this Period 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Kansas City Southern Employees PAC

Mailing Address P.O. Box 219335

City Kansas City State MO Zip Code 64121-9355

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12137
Amount of Each Receipt this Period 1500.00
Receipt

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 15 / 94
(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)
Kirby Corporation PAC

Mailing Address 55 Waugh Drive, Suite 1000

City State Zip Code
Houston TX 77007

FEC ID number of contributing federal political committee. **C** C00250027

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: 01012.C12178
Amount of Each Receipt this Period: 2500.00
Receipt

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

Mailing Address 12015 Lee Jackson Highway, Suite 8

City State Zip Code
Fairfax VA 22033-3300

FEC ID number of contributing federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 07 / 07 / 2010
Transaction ID: 00709.C12112
Amount of Each Receipt this Period: 2000.00
Receipt

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

Mailing Address 7525 Red River Road

City State Zip Code
Wahpeton ND 58075

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 09 / 29 / 2010
Transaction ID: 01012.C12234
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5500.00**

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 16 / 94

(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)
MEBA Political Action Fund

Mailing Address 444 N Capitol St NW Ste. 800

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2010

Transaction ID: 01012.C12184

Amount of Each Receipt this Period

1500.00

Receipt

B.

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

Mailing Address P.O. Box 97017

City State Zip Code
Redmond WA 98073-9717

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: 01012.C12240

Amount of Each Receipt this Period

5000.00

Receipt

C.

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:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 00728.C12120

Amount of Each Receipt this Period

3500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶

10000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 94
(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 Business Travel Assoc. PAC

Mailing Address 110 N Royal Street, FL 4

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00373910

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12138
Amount of Each Receipt this Period: 1500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Nationwide Mutual Insurance Co. PAC

Mailing Address One Nationwide Plaza

City State Zip Code
Columbus OH 43215-2220

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 09 / 22 / 2010
Transaction ID: 01012.C12224
Amount of Each Receipt this Period: 1000.00
Receipt

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: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: 01012.C12182
Amount of Each Receipt this Period: 1500.00
Receipt

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 94
(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)
OSI Systems, Inc. PAC

Mailing Address 1901 S. Bell Street, Suite 325

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 5400.00

Date of Receipt 08 / 26 / 2010
Transaction ID: 01012.C12183
Amount of Each Receipt this Period 1500.00
Receipt

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

Mailing Address 700 W. 47th Street, Suite 1000

City Kansas City State MO Zip Code 64112

FEC ID number of contributing federal political committee. **C** C00445981

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12140
Amount of Each Receipt this Period 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Producers Rice Mill, Inc. PAC

Mailing Address P.O. Box 1248

City Stuttgart State AR Zip Code 72160

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12141
Amount of Each Receipt this Period 1500.00
Receipt

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 94
(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)
Professional Aviation Safety Specialists

Mailing Address PAC
1150 17th Street, NW, Suite 702

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12143
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Sierra Club Political Committee

Mailing Address 85 Second Street, 2nd Floor

City San Francisco State CA Zip Code 94105-3441

FEC ID number of contributing federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: 01012.C12241
Amount of Each Receipt this Period: 1500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Society of Independent Gasoline

Mailing Address Marketers of America PAC
11495 Sunset Hills Road, Suite 215

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00120030

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12134
Amount of Each Receipt this Period: 2000.00
Receipt

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 20 / 94
(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)
The GEO Group, Inc. PAC

Mailing Address One Park Place, Suite 700
621 Northwest 53rd Street

City State Zip Code
Boca Raton FL 33487

FEC ID number of contributing federal political committee. **C** C00382150

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2010

Transaction ID: 00709.C12110

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address P.O. Box 2020

City State Zip Code
Springdale AR 72765

FEC ID number of contributing federal political committee. **C** C00169821

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2010

Transaction ID: 00709.C12107

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
United Parcel Service PAC

Mailing Address 55 Glenlake Parkway, N.E.

City State Zip Code
Atlanta GA 30328

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: 01012.C12150

Amount of Each Receipt this Period
1000.00

Receipt

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 21 / 94
	(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) United Technologies Corporation PAC		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
Mailing Address 1401 Eye Street, NW, Ste. 600		Transaction ID: 01012.C12223
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00035683		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

B.

Full Name (Last, First, Middle Initial) Wal-Mart Stores, Inc. PAC		Date of Receipt MM / DD / YYYY 08 / 26 / 2010
Mailing Address for Responsible Government 702 SW 8th Street		Transaction ID: 01012.C12180
City Bentonville	State AR	Zip Code 72716-0150
FEC ID number of contributing federal political committee. C C00093054		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	78003.49

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 94
(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)
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: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2010

Transaction ID: 01012.C12213

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Howard Brent

Mailing Address P.O. Box 896

City State Zip Code
Greenville MS 38702

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

Name of Employer Occupation
Brent & Company President

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2010

Transaction ID: 01012.C12210

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Brown

Mailing Address 1807 East Joppa Road

City State Zip Code
Parkville MD 21234

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

Name of Employer Occupation
Browns Communication President

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: 01012.C12124

Amount of Each Receipt this Period
1000.00

Receipt

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 23 / 94
(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)
Tommy Butler

Mailing Address 102 Farrington Place

City State Zip Code
Madison MS 39110

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

Name of Employer Occupation
Horne CPA CPA

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 01012.C12159

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Calhoun

Mailing Address 3 Southern Oaks

City State Zip Code
Clinton MS 39056

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

Name of Employer Occupation
Integrated Management Services President

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: 01012.C12208

Amount of Each Receipt this Period
1250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Willy Cherry

Mailing Address 116 Colonial Drive

City State Zip Code
Cleveland MS 38732

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

Name of Employer Occupation
Healthcare Plus Deputy Director

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 01012.C12171

Amount of Each Receipt this Period
500.00

Receipt

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 94
(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)
Joe Collins

Mailing Address P.O. Box 9325

City State Zip Code
Jackson MS 39286

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

Name of Employer Multi-Con, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 920.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: 01012.C12161
Amount of Each Receipt this Period: 920.00
In-Kind: Electrical Wrk JXN Camp Office

B. Full Name (Last, First, Middle Initial)
Godwin E. Dafe

Mailing Address P.O. Box 11655

City State Zip Code
Jackson MS 39283-1655

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

Name of Employer State Farm Insurance Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 29 / 2010
Transaction ID: 01012.C12232
Amount of Each Receipt this Period: 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
George Dalley

Mailing Address 1328 Vermont Ave., NW

City State Zip Code
Washington DC 20005

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

Name of Employer The Mars Corp. Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: 01012.C12130
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 2420.00

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 / 94

(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)
Stephen Dann

Mailing Address 458 Lucerne Ave.

City State Zip Code
Tampa FL 33606

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

Name of Employer Occupation
Dann Ocean Towing Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: 01012.C12129

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Clyde Edwards

Mailing Address P.O. Box 115

City State Zip Code
Canton MS 39046

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

Name of Employer Occupation
AdCamp Inc. President

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: 00728.C12119

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Nicole Elam

Mailing Address 7820 Hanover Parkway, Unit 101

City State Zip Code
Greenbelt MD 20770

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

Name of Employer Occupation
Ice Miller Strategies Consultant

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: 01012.C12128

Amount of Each Receipt this Period

500.00

Receipt

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 26 / 94
(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)
Cindy Elliott

Mailing Address 4945 South Dr.

City State Zip Code
Jackson MS 39209

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

Name of Employer Occupation
Delta Foundation Executive Director

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 08 / 2010
Transaction ID: 01012.C12202
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
D. Wayne Elmore

Mailing Address P.O. Drawer 53708

City State Zip Code
Lafayette LA 70505

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

Name of Employer Occupation
Communication Corp. of America Broadcaster

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 08 / 2010
Transaction ID: 01012.C12207
Amount of Each Receipt this Period: 1200.00
Receipt

C. Full Name (Last, First, Middle Initial)
Glenda Glover

Mailing Address 1031 Whitsett Walk

City State Zip Code
Jackson MS 39206

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

Name of Employer Occupation
Jackson State University Educator

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 08 / 18 / 2010
Transaction ID: 01012.C12160
Amount of Each Receipt this Period: 2300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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 / 94
(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)
Daniel Grafton

Mailing Address 1228 Stokes Road

City State Zip Code
Canton MS 39046

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

Name of Employer Retired Occupation Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: 01012.C12236

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Willie Griffin

Mailing Address P.O. Box 189

City State Zip Code
Greenville MS 38702

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

Name of Employer Self Occupation Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2010

Transaction ID: 01012.C12203

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kurt Grosman

Mailing Address 5043 Winwood Way

City State Zip Code
Orlando FL 32819

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

Name of Employer Self Occupation Attorney

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: 01012.C12127

Amount of Each Receipt this Period
500.00

Receipt

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 28 / 94
(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)
Marilyn Hansell

Mailing Address P.O. Box 394

City Arcola State MS Zip Code 38722

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

Name of Employer Washington County Occupation Elected Official

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2010
Transaction ID: 01012.C12206
Amount of Each Receipt this Period 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Carl Harden

Mailing Address 212 Bayou Road

City Greenville State MS Zip Code 38701

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

Name of Employer Self Occupation Businessman

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2010
Transaction ID: 01012.C12189
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Clare Hester

Mailing Address 148 Oakhurst Trail

City Ridgeland State MS Zip Code 39157

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

Name of Employer Self Occupation Businesswoman

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12125
Amount of Each Receipt this Period 500.00
Receipt

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 29 / 94
(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)
Roderick Hill

Mailing Address 1211 Riverside Dr.

City State Zip Code
Jackson MS 39202

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

Name of Employer Occupation
IMS Engineer President/CEO

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

Amount of Each Receipt this Period
2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2010

Transaction ID: 01012.C12209

Amount of Each Receipt this Period
1250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Andrew Howell

Mailing Address 5901 Johnson Ave.

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
Monument Policy Group, LLC Partner

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

Amount of Each Receipt this Period
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: 01012.C12122

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Jaroch

Mailing Address 195 Worcester St., Suite 301

City State Zip Code
Wellesley Hills MA 02481

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

Name of Employer Occupation
Scribe Strategies and Advisors Partner

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

Amount of Each Receipt this Period
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2010

Transaction ID: 01012.C12123

Amount of Each Receipt this Period
500.00

Receipt

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 94

(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)

Booker T. Jones

Mailing Address 5220 Keele St.

City State Zip Code
Jackson MS 39206

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

Name of Employer Occupation
Minact, Inc. President/CEO

Receipt For: Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3400.00

Date of Receipt

M M / D D / Y Y Y Y
09 08 2010

Transaction ID: 01012.C12212

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

D. Greg Kitchens

Mailing Address P.O. Box 123

City State Zip Code
Utica MS 39175

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

Name of Employer Occupation
Kitchens Bros. Mfg. President

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

Date of Receipt

M M / D D / Y Y Y Y
07 23 2010

Transaction ID: 00728.C12115

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Arnold Lee

Mailing Address P.O. Box 882

City State Zip Code
Greenville MS 38702

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

Name of Employer Occupation
Self Attorney

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

Date of Receipt

M M / D D / Y Y Y Y
09 08 2010

Transaction ID: 01012.C12187

Amount of Each Receipt this Period

250.00

Receipt

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 31 / 94
(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)
Charmayne Macon

Mailing Address 6032 Katelyn Court

City State Zip Code
Alexandria VA 22310

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

Name of Employer Occupation
The Ferguson Group Partner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2010

Transaction ID: 01012.C12230

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Marcus Mason

Mailing Address 412 Buchanan St., NW

City State Zip Code
Washington DC 20011

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

Name of Employer Occupation
Madison Group Partner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: 01012.C12238

Amount of Each Receipt this Period
1000.00

Receipt

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: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2010

Transaction ID: 01012.C12220

Amount of Each Receipt this Period
500.00

Receipt

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 32 / 94
(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)
Bobby Nash

Mailing Address 700 New Hampshire Ave., N.W.
NO. 1519

City Washington State DC Zip Code 20037

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

Name of Employer Witt and Associates Occupation Senior Advisor

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 08 / 06 / 2010
Transaction ID: 01012.C12126
Amount of Each Receipt this Period 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Spencer Nash

Mailing Address P.O. Box 7227

City Mccomb State MS Zip Code 39649

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

Name of Employer Self Occupation Businessman

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2010
Transaction ID: 01012.C12204
Amount of Each Receipt this Period 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Sells Newman

Mailing Address 113 Ridgcrest Drive

City Ridgeland State MS Zip Code 39157

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

Name of Employer First South Farm Credit Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2010
Transaction ID: 01012.C12156
Amount of Each Receipt this Period 500.00
Receipt

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: (check only one)	PAGE 33 / 94
	<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) Ralph M. Paige	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 329 Red Oak Lane	Transaction ID: 01012.C12217
	City State Zip Code Pine Mountain GA 31822	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Federation of Southern Co-op. Executive Director	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Cynthia Parker	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 120 Canterbury Place	Transaction ID: 01012.C12158
	City State Zip Code Ridgeland MS 39157	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Madison Co. Board of Supv. Board Secretary	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Cassie Pennington	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 100 S. Walker Cir.	Transaction ID: 01012.C12170
	City State Zip Code Indianola MS 38751	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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 34 / 94
(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)
LaKeisha Richardson

Mailing Address 1220 Montrose Street

City Greenville State MS Zip Code 38701

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

Name of Employer DRMC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2010
Transaction ID: 01012.C12205
Amount of Each Receipt this Period 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
H. Scott Ross

Mailing Address P.O. Box 1487

City West Point State MS Zip Code 39773

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

Name of Employer Self Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 07 / 07 / 2010
Transaction ID: 00709.C12106
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
H. Scott Ross

Mailing Address P.O. Box 1487

City West Point State MS Zip Code 39773

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

Name of Employer Self Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 07 / 2010
Transaction ID: 00709.C12106
Amount of Each Receipt this Period 500.00
Receipt

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 35 / 94
(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)
Derrick Simmons

Mailing Address P.O. Box 1854

City Greenville State MS Zip Code 38702

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

Name of Employer Self Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2010
Transaction ID: 01012.C12201
Amount of Each Receipt this Period 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Derrick Simmons

Mailing Address P.O. Box 1854

City Greenville State MS Zip Code 38702

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

Name of Employer Self Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 504.56

Date of Receipt 09 / 08 / 2010
Transaction ID: 01012.C12186
Amount of Each Receipt this Period 254.56
In-Kind
Fundraising Expense

C. Full Name (Last, First, Middle Initial)
Errick Simmons

Mailing Address 604 S. Washington

City Greenville State MS Zip Code 38701

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

Name of Employer Self Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.66

Date of Receipt 09 / 08 / 2010
Transaction ID: 01012.C12186
Amount of Each Receipt this Period 500.66
In-Kind
Fundraising Expense

SUBTOTAL of Receipts This Page (optional) ► 1005.22

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 / 94
(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)
Robert E. Simmons

Mailing Address 692 Mulberry Dr.

City State Zip Code
Biloxi MS 39532-4347

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

Name of Employer Occupation
The Simmons Network President

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2010

Transaction ID: 01012.C12188

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jimmie Smith

Mailing Address 3403 12th Ave.

City State Zip Code
Meridian MS 39305

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

Name of Employer Occupation
Self Businessman

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2010

Transaction ID: 01012.C12218

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mike P. Sturdivant

Mailing Address P.O. Box 230

City State Zip Code
Glendora MS 38928

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

Name of Employer Occupation
Self Farmer

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2010

Transaction ID: 01012.C12157

Amount of Each Receipt this Period
1000.00

Receipt

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 37 / 94
(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)
Floyd Sulser

Mailing Address 105 Bridgeview Circle

City State Zip Code
Ridgeland MS 39157

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

Name of Employer Occupation
Southern Lumber Company Executive

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2010

Transaction ID: 01012.C12226

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jim Tackett

Mailing Address 23939 County Road 523

City State Zip Code
Schlater MS 38952

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

Name of Employer Occupation
Tackett Fish Farms Partner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2010

Transaction ID: 01012.C12229

Amount of Each Receipt this Period
1600.00

Receipt

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

Mailing Address 23939 County Road 523

City State Zip Code
Schlater MS 38952

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

Name of Employer Occupation
Tackett Fish Farms Catfish Farmer

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2010

Transaction ID: 01012.C12231

Amount of Each Receipt this Period
1600.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 94
(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)
Matthew Thomas

Mailing Address 1547 Fairwood Circle

City State Zip Code
Jackson MS 39213

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

Name of Employer Self Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: 01012.C12221

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
The Jicarilla Apache Tribe

Mailing Address P.O. Box 507

City State Zip Code
Dulce NM 87528

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

Name of Employer N/A Occupation N/A

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2010

Transaction ID: 01012.C12131

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joseph Walker

Mailing Address 39084 CR 515

City State Zip Code
Itta Bena MS 38941

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

Name of Employer Self Occupation Farmer

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: 01012.C12228

Amount of Each Receipt this Period
1600.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **2900.00**

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 / 94

(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 Works

Mailing Address 9400 Ledgestone Terrace

City State Zip Code
Austin TX 78737

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

Name of Employer Self Occupation
Consultant

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: 01012.C12174

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Curtis Wright

Mailing Address P.O. Box 2244

City State Zip Code
Warner Robins GA 31099

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

Name of Employer Target Management Occupation
CEO

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: 00728.C12117

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

38275.22

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 94

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 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

Jackson

State

MS

Zip Code

39205-0291

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4137.14

Date of Receipt

MM / DD / YYYY
07 / 31 / 2010

Transaction ID: 01012.C12242

Amount of Each Receipt this Period

40.16

Other Receipt

B.

Full Name (Last, First, Middle Initial)

Trustmark National Bank

Mailing Address P.O. Box 291

City

Jackson

State

MS

Zip Code

39205-0291

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4178.55

Date of Receipt

MM / DD / YYYY
08 / 31 / 2010

Transaction ID: 01012.C12243

Amount of Each Receipt this Period

41.41

Other Receipt

C.

Full Name (Last, First, Middle Initial)

Trustmark National Bank

Mailing Address P.O. Box 291

City

Jackson

State

MS

Zip Code

39205-0291

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4367.74

Date of Receipt

MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 01012.C12244

Amount of Each Receipt this Period

189.19

Other Receipt

SUBTOTAL of Receipts This Page (optional)

270.76

TOTAL This Period (last page this line number only)

270.76

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)
Geri Adams

Transaction ID: 01012.E7938
Date of Disbursement

Mailing Address P.O. Box 272

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

City Merigold State MS Zip Code 38759-

Amount of Each Disbursement this Period

38.30

Purpose of Disbursement
Travel Expense

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TRAVEL EXPENSE

State: District:

B.

Full Name (Last, First, Middle Initial)
Geri Adams

Transaction ID: 01012.E8012
Date of Disbursement

Mailing Address P.O. Box 272

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

City Merigold State MS Zip Code 38759-

Amount of Each Disbursement this Period

34.25

Purpose of Disbursement
Travel Expense

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TRAVEL EXPENSE

State: District:

C.

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

Transaction ID: 00728.E7847
Date of Disbursement

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

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

City Washington State DC Zip Code 20002-

Amount of Each Disbursement this Period

5385.30

Purpose of Disbursement
Fundraising Expense

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FUNDRAISING EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional)

5457.85

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>A. Full Name (Last, First, Middle Initial) Advanced Network Strategies, LLC</p> <p>Mailing Address 236 Massachusetts Ave., N.E. #603</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement Fundraising Expense</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>Transaction ID: 01012.E7885</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5035.00"/></p> <p>FUNDRAISING EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Advanced Network Strategies, LLC</p> <p>Mailing Address 236 Massachusetts Ave., N.E. #603</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement Fundraising Expense</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>Transaction ID: 01012.E7968</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5035.00"/></p> <p>FUNDRAISING EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 650448</p> <p>City Dallas State TX Zip Code 75265-0448</p> <p>Purpose of Disbursement Credit Card Payment; See Below</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>Transaction ID: 01012.E7856</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3590.14"/></p> <p>CREDIT CARD PAYMENT; SEE BELOW</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 43 / 94

<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) Southwest Airlines Mailing Address P.O. Box 36647-1CR City Dallas State TX Zip Code 75235-1647 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: 01012.E7857 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 287.10 [MEMO ITEM] MEMO: TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36647-1CR City Dallas State TX Zip Code 75235-1647 Purpose of Disbursement Travel Expense Candidate Name 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: 01012.E7858 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 287.10 [MEMO ITEM] MEMO: TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Hartsfield Atlanta International Airport City Atlanta State GA Zip Code 30309- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7859 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 488.91 [MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Country Inn & Suites by Carlson	Transaction ID: 01012.E7860 Date of Disbursement
	Mailing Address 4910 Hayes Place	<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Wilson State NC Zip Code 27896-	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="222.62"/>
	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) ▼
		[MEMO ITEM] MEMO: TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) Country Inn & Suites by Carlson	Transaction ID: 01012.E7861 Date of Disbursement
	Mailing Address 4910 Hayes Place	<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Wilson State NC Zip Code 27896-	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="245.86"/>
	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) ▼
		[MEMO ITEM] MEMO: TRAVEL EXPENSE

C.	Full Name (Last, First, Middle Initial) National Car Rental	Transaction ID: 01012.E7862 Date of Disbursement
	Mailing Address Jackson International Airport	<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Jackson State MS Zip Code 39209-	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="213.07"/>
	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) ▼
		[MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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) Delta Airlines	Transaction ID: 01012.E7863 Date of Disbursement 08 / 09 / 2010
	Mailing Address: Hartsfield Atlanta International Airport City: Atlanta State: GA Zip Code: 30309- Purpose of Disbursement: Travel Expense Candidate Name: <input type="checkbox"/> Category/Type	Amount of Each Disbursement this Period 457.40
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) ▼		[MEMO ITEM] MEMO: TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 01012.E7864 Date of Disbursement 08 / 09 / 2010
	Mailing Address: Hartsfield Atlanta International Airport City: Atlanta State: GA Zip Code: 30309- Purpose of Disbursement: Travel Expense Candidate Name: <input type="checkbox"/> Category/Type	Amount of Each Disbursement this Period 400.60
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) ▼		[MEMO ITEM] MEMO: TRAVEL EXPENSE

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 01012.E7892 Date of Disbursement 08 / 27 / 2010
	Mailing Address: P.O. Box 650448 City: Dallas State: TX Zip Code: 75265-0448 Purpose of Disbursement: Credit Card Payment; See Below Candidate Name: <input type="checkbox"/> Category/Type	Amount of Each Disbursement this Period 13814.21
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) ▼		CREDIT CARD PAYMENT; SEE BELOW

SUBTOTAL of Disbursements This Page (optional)	13814.21
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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) Johnnys Halfshell	Transaction ID: 01012.E7894 Date of Disbursement 08 / 27 / 2010
	Mailing Address 400 N. Captiol Street, NW	Amount of Each Disbursement this Period 2719.28
	City Washington State DC Zip Code 20001-	
	Purpose of Disbursement Fundraising Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: FUNDRAISING EXPENSE

B.	Full Name (Last, First, Middle Initial) Rudolph Canzater Memorial	Transaction ID: 01012.E7895 Date of Disbursement 08 / 27 / 2010
	Mailing Address 8929 Bass Dr.	Amount of Each Disbursement this Period 225.00
	City Santee State SC Zip Code 29142-	
	Purpose of Disbursement Registration Fee 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) ▼
		[MEMO ITEM] MEMO: REGISTRATION FEE

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 01012.E7896 Date of Disbursement 08 / 27 / 2010
	Mailing Address Hartsfield Atlanta International Airport	Amount of Each Disbursement this Period 1504.40
	City Atlanta State GA Zip Code 30309-	
	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) ▼
		[MEMO ITEM] MEMO: TRAVEL EXPENSE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.

Full Name (Last, First, Middle Initial)
Rudolph Canzater Memorial

Mailing Address 8929 Bass Dr.

City State Zip Code
Santee SC 29142-

Purpose of Disbursement
Lodging Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01012.E7897
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

Amount of Each Disbursement this Period

506.16

[MEMO ITEM]
MEMO: LODGING EXPENSE

B.

Full Name (Last, First, Middle Initial)
Hampton Inn Swedesboro NJ

Mailing Address 2 Pureland Drive

City State Zip Code
Swedesboro NJ 08085-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01012.E7898
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

Amount of Each Disbursement this Period

204.70

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C.

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

Mailing Address Hartsfield Atlanta International Airport

City State Zip Code
Atlanta GA 30309-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01012.E7899
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

Amount of Each Disbursement this Period

1447.80

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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) Delta Airlines Mailing Address Hartsfield Atlanta International Airport City Atlanta State GA Zip Code 30309- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7900 Date of Disbursement 08 / 27 / 2010 Amount of Each Disbursement this Period 748.40 [MEMO ITEM] MEMO: TRAVEL EXPENSE	
B.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Hartsfield Atlanta International Airport City Atlanta State GA Zip Code 30309- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7901 Date of Disbursement 08 / 27 / 2010 Amount of Each Disbursement this Period 845.40 [MEMO ITEM] MEMO: TRAVEL EXPENSE	
C.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Hartsfield Atlanta International Airport City Atlanta State GA Zip Code 30309- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7902 Date of Disbursement 08 / 27 / 2010 Amount of Each Disbursement this Period 440.90 [MEMO ITEM] MEMO: TRAVEL EXPENSE	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 01012.E7903 Date of Disbursement 08 / 27 / 2010
	Mailing Address: Hartsfield Atlanta International Airport	Amount of Each Disbursement this Period 2553.10
	City: Atlanta State: GA Zip Code: 30309-	
	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) ▼
		[MEMO ITEM] MEMO: TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) National Car Rental	Transaction ID: 01012.E7905 Date of Disbursement 08 / 27 / 2010
	Mailing Address: Jackson International Airport	Amount of Each Disbursement this Period 369.05
	City: Jackson State: MS Zip Code: 39209-	
	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) ▼
		[MEMO ITEM] MEMO: TRAVEL EXPENSE

C.	Full Name (Last, First, Middle Initial) National Car Rental	Transaction ID: 01012.E7906 Date of Disbursement 08 / 27 / 2010
	Mailing Address: Jackson International Airport	Amount of Each Disbursement this Period 346.32
	City: Jackson State: MS Zip Code: 39209-	
	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) ▼
		[MEMO ITEM] MEMO: TRAVEL EXPENSE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 50 / 94

<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) Aria Resort & Casino Mailing Address 3730 Las Vegas Boulevard South City Las Vegas State NV Zip Code 89109- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7907 Date of Disbursement 08 / 27 / 2010 Amount of Each Disbursement this Period 244.16 [MEMO ITEM] MEMO: TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) Aria Resort & Casino Mailing Address 3730 Las Vegas Boulevard South City Las Vegas State NV Zip Code 89109- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7908 Date of Disbursement 08 / 27 / 2010 Amount of Each Disbursement this Period 244.16 [MEMO ITEM] MEMO: TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) American Trucking Associations Mailing Address 410 First Street, SE, 3rd Floor City Washington State DC Zip Code 20003- Purpose of Disbursement Fundraising 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: 01012.E7911 Date of Disbursement 09 / 01 / 2010 Amount of Each Disbursement this Period 7500.00 FUNDRAISING EXPENSE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Aristotle International, Inc.	Transaction ID: 01012.E7971 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
	Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 1950.00
	City Washington State DC Zip Code 20003-		
	Purpose of Disbursement Computer Software Hosting	<input type="checkbox"/>	COMPUTER SOFTWARE HOSTING
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) ASU Broadcast	Transaction ID: 01012.E7886 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0	
	Mailing Address P.O. Box 9391		Amount of Each Disbursement this Period 175.00
	City Jackson State MS Zip Code 39286-		
	Purpose of Disbursement Media	<input type="checkbox"/>	MEDIA
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 00715.E7839 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0	
	Mailing Address P.O. Box 105262		Amount of Each Disbursement this Period 266.79
	City Atlanta State GA Zip Code 30348-5262		
	Purpose of Disbursement Phone Services	<input type="checkbox"/>	PHONE SERVICES
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2391.79
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 01012.E7867
	Mailing Address P.O. Box 105262	Date of Disbursement MM / DD / YYYY 08 / 11 / 2010
	City Atlanta State GA Zip Code 30348-5262	Amount of Each Disbursement this Period 265.60
	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) ▼	Category/Type PHONE SERVICES
B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 01012.E7930
	Mailing Address P.O. Box 105262	Date of Disbursement MM / DD / YYYY 09 / 09 / 2010
	City Atlanta State GA Zip Code 30348-5262	Amount of Each Disbursement this Period 265.99
	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) ▼	Category/Type PHONE SERVICES
C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: 00709.E7822
	Mailing Address P.O. Box 6463	Date of Disbursement MM / DD / YYYY 07 / 06 / 2010
	City Carol Stream State IL Zip Code 60197-6463	Amount of Each Disbursement this Period 209.26
	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) ▼	Category/Type PHONE SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

740.85

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>A. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Phone Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7865 Date of Disbursement: 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 209.56</p> <p>PHONE SERVICES</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Phone Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7893 Date of Disbursement: 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 210.69</p> <p>PHONE SERVICES</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Phone Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E8013 Date of Disbursement: 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 210.70</p> <p>PHONE SERVICES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

630.95

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. E. G. Brown

Transaction ID: 01012.E7942
Date of Disbursement

Mailing Address 830 Rose Hill Road

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

City Mendenhall State MS Zip Code 39114-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
See Below; Salary Travel

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SEE BELOW; SALARY TRAVEL

State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. E. G. Brown

Transaction ID: 01012.E7952
Date of Disbursement

Mailing Address 830 Rose Hill Road

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

City Mendenhall State MS Zip Code 39114-

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Travel Expense

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. E. G. Brown

Transaction ID: 01012.E7953
Date of Disbursement

Mailing Address 830 Rose Hill Road

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

City Mendenhall State MS Zip Code 39114-

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Salary

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: SALARY

State: District:

SUBTOTAL of Disbursements This Page (optional)

500.00

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>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. E. G. Brown</p> <p>Mailing Address 830 Rose Hill Road</p> <p>City Mendenhall State MS Zip Code 39114-</p> <p>Purpose of Disbursement See Below; Salary Travel</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>Transaction ID: 01012.E7954</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>SEE BELOW; SALARY TRAVEL</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. E. G. Brown</p> <p>Mailing Address 830 Rose Hill Road</p> <p>City Mendenhall State MS Zip Code 39114-</p> <p>Purpose of Disbursement Salary</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>Transaction ID: 01012.E7955</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p>[MEMO ITEM] MEMO: SALARY</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. E. G. Brown</p> <p>Mailing Address 830 Rose Hill Road</p> <p>City Mendenhall State MS Zip Code 39114-</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7956</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 56 / 94

<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)
Canton Gospel Music Association

Transaction ID: 01012.E7853

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	0

Mailing Address P.O. Box 1791

Amount of Each Disbursement this Period

250.00

City Canton State MS Zip Code 39046-

Purpose of Disbursement
Ad

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

AD

State: District:

B.

Full Name (Last, First, Middle Initial)
Classic Printing Company

Transaction ID: 01012.E8009

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Mailing Address P.O. Box 68696

Amount of Each Disbursement this Period

639.33

City Jackson State MS Zip Code 39286-8696

Purpose of Disbursement
Printing

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PRINTING

State: District:

C.

Full Name (Last, First, Middle Initial)
Classic Printing Company

Transaction ID: 01012.E8008

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Mailing Address P.O. Box 68696

Amount of Each Disbursement this Period

930.90

City Jackson State MS Zip Code 39286-8696

Purpose of Disbursement
Printing

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PRINTING

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1820.23

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) Clinton Branch of the NAACP Mailing Address P.O. Box 812 City Clinton State MS Zip Code 39060- Purpose of Disbursement Ad & Banquet Tickets 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: 01012.E7974 Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period 350.00 AD & BANQUET TICKETS
B.	Full Name (Last, First, Middle Initial) Joe Collins Mailing Address P.O. Box 9325 City Jackson State MS Zip Code 39286- Purpose of Disbursement Electrical Wrk JXN Camp Office 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: 01012.C12161IK Date of Disbursement 08 / 26 / 2010 Amount of Each Disbursement this Period 920.00 IN KIND: ELECTRICAL WRK JXN CAMP OFFICE
C.	Full Name (Last, First, Middle Initial) Country Select Mailing Address P.O. Box 271 City Isola State MS Zip Code 38754- Purpose of Disbursement Fundraising 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: 01012.E7848 Date of Disbursement 07 / 30 / 2010 Amount of Each Disbursement this Period 765.00 FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

2035.00

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. Tonia Cowan

Mailing Address 211 Cedar Street

City State Zip Code
Flora MS 39071-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01012.E7926
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

150.00

TRAVEL EXPENSE

B.

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

Mailing Address P.O. Box 271

City State Zip Code
Lambert MS 38643-

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01012.E7943
Date of Disbursement

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

Amount of Each Disbursement this Period

300.00

SALARY

C.

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

Mailing Address P.O. Box 271

City State Zip Code
Lambert MS 38643-

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01012.E7957
Date of Disbursement

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

Amount of Each Disbursement this Period

300.00

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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 59 / 94

<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 <hr/> Mailing Address 4444 St. Thomas Rd. <hr/> City Bolton State MS Zip Code 39041- <hr/> Purpose of Disbursement Salary 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: 01012.E7921 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/Type SALARY
	(Empty box for additional info)
B. Full Name (Last, First, Middle Initial) Ms. Temeka Davis <hr/> Mailing Address 4444 St. Thomas Rd. <hr/> City Bolton State MS Zip Code 39041- <hr/> Purpose of Disbursement Salary 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: 01012.E7940 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/Type SALARY
	(Empty box for additional info)
C. Full Name (Last, First, Middle Initial) Ms. Temeka Davis <hr/> Mailing Address 4444 St. Thomas Rd. <hr/> City Bolton State MS Zip Code 39041- <hr/> Purpose of Disbursement Salary 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: 01012.E7958 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/Type SALARY
	(Empty box for additional info)

SUBTOTAL of Disbursements This Page (optional) ▶	900.00
TOTAL 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) Deluxe For Business	Transaction ID: 01012.E7936 Date of Disbursement 09 / 16 / 2010
	Mailing Address P.O. Box 742572	Amount of Each Disbursement this Period 696.81
	City Cincinnati State OH Zip Code 45274-2572	
	Purpose of Disbursement Office Supplies 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) ▼
		OFFICE SUPPLIES

B.	Full Name (Last, First, Middle Initial) Entergy	Transaction ID: 00715.E7840 Date of Disbursement 07 / 15 / 2010
	Mailing Address P.O. Box 8105	Amount of Each Disbursement this Period 131.24
	City Baton Rouge State LA Zip Code 70891-	
	Purpose of Disbursement Utilities 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) ▼
		UTILITIES

C.	Full Name (Last, First, Middle Initial) Entergy	Transaction ID: 01012.E7866 Date of Disbursement 08 / 11 / 2010
	Mailing Address P.O. Box 8105	Amount of Each Disbursement this Period 117.11
	City Baton Rouge State LA Zip Code 70891-	
	Purpose of Disbursement Utilities 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) ▼
		UTILITIES

SUBTOTAL of Disbursements This Page (optional)	▶	945.16
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 94

<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) Entergy Mailing Address P.O. Box 8105 City Baton Rouge State LA Zip Code 70891- Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7931 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 139.77 UTILITIES	
B.	Full Name (Last, First, Middle Initial) Ms. LaTasha Estus Mailing Address P.O. Box 16155 City Jackson State MS Zip Code 39236-6155 Purpose of Disbursement Webhosting and Design 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: 01012.E7883 Date of Disbursement 08 / 26 / 2010 Amount of Each Disbursement this Period 525.00 WEBHOSTING AND DESIGN	
C.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 660481 City Dallas State TX Zip Code 75266-0481 Purpose of Disbursement Overnight Delivery Candidate Name Office Sought: <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: 00715.E7841 Date of Disbursement 07 / 15 / 2010 Amount of Each Disbursement this Period 32.34 OVERNIGHT DELIVERY	

SUBTOTAL of Disbursements This Page (optional) ▶	697.11
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) Federal Express Mailing Address P.O. Box 660481 City Dallas State TX Zip Code 75266-0481 Purpose of Disbursement Overnight Delivery Candidate Name Office Sought: <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: 01012.E7925 Date of Disbursement 09 / 08 / 2010 Amount of Each Disbursement this Period 31.68 OVERNIGHT DELIVERY
B.	Full Name (Last, First, Middle Initial) Flowers & Frames By Will, Inc. Mailing Address P.O. Box 3036 City Jackson State MS Zip Code 39207- Purpose of Disbursement Floral Arrangement 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: 01012.E7913 Date of Disbursement 09 / 03 / 2010 Amount of Each Disbursement this Period 133.75 FLORAL ARRANGEMENT
C.	Full Name (Last, First, Middle Initial) Gamble Real Estate Mailing Address 14 Northtown Drive, Suite 201 City Jackson State MS Zip Code 39211- Purpose of Disbursement Jackson Campaign Office Rent 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: 01012.E7881 Date of Disbursement 08 / 26 / 2010 Amount of Each Disbursement this Period 2200.00 JACKSON CAMPAIGN OFFICE RENT

SUBTOTAL of Disbursements This Page (optional) ▶	2365.43
TOTAL 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)

PAGE 63 / 94

<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. Stephen Gavin Mailing Address P.O. Box 351 City Tougaloo State MS Zip Code 39174- Purpose of Disbursement Candy For Parade Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01012.E7879 Date of Disbursement 08 / 26 / 2010 Amount of Each Disbursement this Period 150.00 CANDY FOR PARADE
B.	Full Name (Last, First, Middle Initial) Global Crossing Conferencing Mailing Address P.O. Box 790407 City Saint Louis State MO Zip Code 63179-0407 Purpose of Disbursement Conferencing Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01012.E7914 Date of Disbursement 09 / 03 / 2010 Amount of Each Disbursement this Period 111.71 CONFERENCING
C.	Full Name (Last, First, Middle Initial) Mr. Albert Graham Mailing Address 613 Queen Circle City Jackson State MS Zip Code 39209- Purpose of Disbursement Plumbing Repair Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01012.E7882 Date of Disbursement 08 / 26 / 2010 Amount of Each Disbursement this Period 300.00 PLUMBING REPAIR

SUBTOTAL of Disbursements This Page (optional) ▶	561.71
TOTAL 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)
Hicks Tamales & More

Mailing Address 305 South State Street

City State Zip Code
Clarksdale MS 38614-

Purpose of Disbursement
Food for Meeting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01012.E7909
Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

FOOD FOR MEETING

B.

Full Name (Last, First, Middle Initial)
Mr. Charlie Horhn

Mailing Address 4642 Norway Dr.

City State Zip Code
Jackson MS 39206-3356

Purpose of Disbursement
Food for Meeting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01012.E8006
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

Amount of Each Disbursement this Period

325.00

FOOD FOR MEETING

C.

Full Name (Last, First, Middle Initial)
Mr. Charlie Horhn

Mailing Address 4642 Norway Dr.

City State Zip Code
Jackson MS 39206-3356

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01012.E8011
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

51.89

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

626.89

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)
Jackson Business Systems, Inc.

Transaction ID: 01012.E7935
Date of Disbursement

Mailing Address 445 West Amite Street

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

City Jackson State MS Zip Code 39203-

Amount of Each Disbursement this Period

1065.72

Purpose of Disbursement
Equipment Rental

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EQUIPMENT RENTAL

State: District:

B.

Full Name (Last, First, Middle Initial)
Kroger

Transaction ID: 01012.E8015
Date of Disbursement

Mailing Address 1107 Hwy. 80

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

City Clinton State MS Zip Code 39056-

Amount of Each Disbursement this Period

449.23

Purpose of Disbursement
Catering Cost

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CATERING COST

State: District:

C.

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

Transaction ID: 01012.E7950
Date of Disbursement

Mailing Address P.O. Box 591

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

City Bolton State MS Zip Code 39041-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Food Service Cluster Mtg. & Open Ho

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FOOD SERVICE CLUSTER MTG. & OPEN HO

State: District:

SUBTOTAL of Disbursements This Page (optional)

2014.95

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. Machel Kyles

Transaction ID: 01012.E7951
Date of Disbursement

Mailing Address P.O. Box 591

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

City State Zip Code
Bolton MS 39041-

Amount of Each Disbursement this Period

22.04

Purpose of Disbursement
Reimbursement of expenses-food
Candidate Name

Category/ Type

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

REIMBURSEMENT OF EXPENSES-FOOD

B.

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

Transaction ID: 01012.E8017
Date of Disbursement

Mailing Address P.O. Box 591

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

City State Zip Code
Bolton MS 39041-

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Catering Cost
Candidate Name

Category/ Type

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

CATERING COST

C.

Full Name (Last, First, Middle Initial)
Paul Lockett

Transaction ID: 01012.E7929
Date of Disbursement

Mailing Address P.O. Box 11564

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

City State Zip Code
Jackson MS 39283-

Amount of Each Disbursement this Period

950.00

Purpose of Disbursement
Cleaning Service
Candidate Name

Category/ Type

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

CLEANING SERVICE

SUBTOTAL of Disbursements This Page (optional)

1372.04

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. Lillian Matthews Mailing Address P.O. Box 627 City Indianola State MS Zip Code 38751- Purpose of Disbursement Food for Meeting Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01012.E7910 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 210.00 FOOD FOR MEETING
B.	Full Name (Last, First, Middle Initial) Ms. Sandra McCall Mailing Address 1368 Holloman Ave. City Jackson State MS Zip Code 39213- Purpose of Disbursement Salary Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01012.E7941 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 300.00 SALARY
C.	Full Name (Last, First, Middle Initial) Ms. Sandra McCall Mailing Address 1368 Holloman Ave. City Jackson State MS Zip Code 39213- Purpose of Disbursement See Below; Salary and Food Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01012.E7963 Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period 480.00 SEE BELOW; SALARY AND FOOD

SUBTOTAL of Disbursements This Page (optional)	990.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 68 / 94

<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. Sandra McCall

Mailing Address 1368 Holloman Ave.

City Jackson State MS Zip Code 39213-

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 01012.E7964
Date of Disbursement

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

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]
MEMO: SALARY

B.

Full Name (Last, First, Middle Initial)
Ms. Sandra McCall

Mailing Address 1368 Holloman Ave.

City Jackson State MS Zip Code 39213-

Purpose of Disbursement
Food for Volunteers

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 01012.E7965
Date of Disbursement

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

Amount of Each Disbursement this Period

180.00

[MEMO ITEM]
MEMO: FOOD FOR VOLUNTEERS

C.

Full Name (Last, First, Middle Initial)
MS Veterans Memorial Stadium

Mailing Address 2531 North State Street

City Jackson State MS Zip Code 39211-

Purpose of Disbursement
Tickets and Parking Passes

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 01012.E7967
Date of Disbursement

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

Amount of Each Disbursement this Period

345.00

TICKETS AND PARKING PASSES

SUBTOTAL of Disbursements This Page (optional)

345.00

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) National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20003-4701 Purpose of Disbursement Club Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00728.E7844 Date of Disbursement 07 / 23 / 2010 Amount of Each Disbursement this Period 543.63 CLUB CHARGES
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20003-4701 Purpose of Disbursement Club Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7870 Date of Disbursement 08 / 20 / 2010 Amount of Each Disbursement this Period 786.51 CLUB CHARGES
C.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20003-4701 Purpose of Disbursement Club Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E8014 Date of Disbursement 09 / 28 / 2010 Amount of Each Disbursement this Period 198.75 CLUB CHARGES

SUBTOTAL of Disbursements This Page (optional) ▶	1528.89
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Patriot Signage, Inc. Mailing Address 1001 Second Ave. City Dayton State KY Zip Code 41074- Purpose of Disbursement Signs 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: 01012.E7876 Date of Disbursement 08 / 23 / 2010 Amount of Each Disbursement this Period 5578.00 SIGNS	
B.	Full Name (Last, First, Middle Initial) Mr. C.W. Peeples Mailing Address P.O. Box 272 City Kilmichael State MS Zip Code 39747- 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: 01012.E7945 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 300.00 TRAVEL EXPENSE	
C.	Full Name (Last, First, Middle Initial) Mr. C.W. Peeples Mailing Address P.O. Box 272 City Kilmichael State MS Zip Code 39747- 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: 01012.E7966 Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period 300.00 TRAVEL EXPENSE	

SUBTOTAL of Disbursements This Page (optional)		6178.00	
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) Robertta Perry	Transaction ID: 01012.E7972
	Mailing Address P.O. Box 822077	Date of Disbursement 09 / 23 / 2010
	City Vicksburg State MS Zip Code 39182-	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement Campaign Office Rent 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) ▼
		CAMPAIGN OFFICE RENT

B.	Full Name (Last, First, Middle Initial) Mr. Carley Price	Transaction ID: 01012.E7947
	Mailing Address 134 Wacaster	Date of Disbursement 09 / 16 / 2010
	City Jackson State MS Zip Code 39209-	Amount of Each Disbursement this Period 58.00
	Purpose of Disbursement Salary 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) ▼
		SALARY

C.	Full Name (Last, First, Middle Initial) Mr. Carley Price	Transaction ID: 01012.E7960
	Mailing Address 134 Wacaster	Date of Disbursement 09 / 23 / 2010
	City Jackson State MS Zip Code 39209-	Amount of Each Disbursement this Period 232.00
	Purpose of Disbursement Salary 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) ▼
		SALARY

SUBTOTAL of Disbursements This Page (optional)	▶	1040.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 94

<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. Melinda Ricks	Transaction ID: 01012.E7946 Date of Disbursement 09 / 16 / 2010
	Mailing Address P.O. Box 76	Amount of Each Disbursement this Period 300.00
	City Inverness State MS Zip Code 38753-	
	Purpose of Disbursement Salary 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) ▼
		SALARY

B.	Full Name (Last, First, Middle Initial) Ms. Melinda Ricks	Transaction ID: 01012.E7959 Date of Disbursement 09 / 23 / 2010
	Mailing Address P.O. Box 76	Amount of Each Disbursement this Period 300.00
	City Inverness State MS Zip Code 38753-	
	Purpose of Disbursement Salary 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) ▼
		SALARY

C.	Full Name (Last, First, Middle Initial) Mr. William Matt Ross, Jr.	Transaction ID: 01012.E7923 Date of Disbursement 09 / 08 / 2010
	Mailing Address 2581 Rozelle	Amount of Each Disbursement this Period 500.00
	City Memphis State TN Zip Code 38114-	
	Purpose of Disbursement Rent-Port Gibson Campaign 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-PORT GIBSON CAMPAIGN OFFICE

SUBTOTAL of Disbursements This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 94

<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) Signs First	Transaction ID: 01012.E7924 Date of Disbursement 09 / 08 / 2010
	Mailing Address 4445 Robinson Road	Amount of Each Disbursement this Period 18.57
	City Jackson State MS Zip Code 39209-	
	Purpose of Disbursement Printing	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) ▼
		PRINTING

B.	Full Name (Last, First, Middle Initial) Signs First	Transaction ID: 01012.E7928 Date of Disbursement 09 / 09 / 2010
	Mailing Address 4445 Robinson Road	Amount of Each Disbursement this Period 445.54
	City Jackson State MS Zip Code 39209-	
	Purpose of Disbursement Printing	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) ▼
		PRINTING

C.	Full Name (Last, First, Middle Initial) Derrick Simmons	Transaction ID: 01012.C12186IK Date of Disbursement 09 / 08 / 2010
	Mailing Address P.O. Box 1854	Amount of Each Disbursement this Period 254.56
	City Greenville State MS Zip Code 38702-	
	Purpose of Disbursement Fundraising Expense	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) ▼
		IN KIND: FUNDRAISING EXPE- NSE

SUBTOTAL of Disbursements This Page (optional)

718.67

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)
Errick Simmons

Mailing Address 604 S. Washington

City Greenville State MS Zip Code 38701-

Purpose of Disbursement
Fundraising Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01012.C12185IK
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Amount of Each Disbursement this Period

500.66

IN KIND: FUNDRAISING EXPENSE

B.

Full Name (Last, First, Middle Initial)
Mr. Elmus Stockstill

Mailing Address P.O. Box 199

City Itta Bena State MS Zip Code 38941-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01012.E7939
Date of Disbursement

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

Amount of Each Disbursement this Period

66.00

TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Mr. Elmus Stockstill

Mailing Address P.O. Box 199

City Itta Bena State MS Zip Code 38941-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01012.E7969
Date of Disbursement

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

Amount of Each Disbursement this Period

34.00

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)

600.66

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 75 / 94

<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. James Thrasher	Transaction ID: 01012.E7884 Date of Disbursement 08 / 26 / 2010
	Mailing Address P.O. Box 11115	Amount of Each Disbursement this Period 485.00
	City Jackson State MS Zip Code 39208-	
	Purpose of Disbursement A/C Service; Jxn Campaign 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) ▼
		A/C SERVICE; JXN CAMPAIGN OFFICE

B.	Full Name (Last, First, Middle Initial) Mr. James Thrasher	Transaction ID: 01012.E7934 Date of Disbursement 09 / 16 / 2010
	Mailing Address P.O. Box 11115	Amount of Each Disbursement this Period 93.00
	City Jackson State MS Zip Code 39208-	
	Purpose of Disbursement A/C Service; Jxn Campaign 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) ▼
		A/C SERVICE; JXN CAMPAIGN OFFICE

C.	Full Name (Last, First, Middle Initial) TruBlu Politics	Transaction ID: 00709.E7829 Date of Disbursement 07 / 06 / 2010
	Mailing Address 5570 Sterrett Place, Suite 206	Amount of Each Disbursement this Period 22000.00
	City Columbia State MD Zip Code 21044-	
	Purpose of Disbursement Direct Mailing 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) ▼
		DIRECT MAILING

SUBTOTAL of Disbursements This Page (optional)	22578.00
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) Trustmark National Bank Mailing Address P.O. Box 291 City Jackson State MS Zip Code 39205-0291 Purpose of Disbursement Wire Fee 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: 01013.E8101 Date of Disbursement 07 / 06 / 2010 Amount of Each Disbursement this Period 15.00 WIRE FEE
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 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: 01012.E8093 Date of Disbursement 07 / 31 / 2010 Amount of Each Disbursement this Period 2.50 SERVICE CHARGE
C.	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 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: 01012.E8094 Date of Disbursement 07 / 31 / 2010 Amount of Each Disbursement this Period 32.30 SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional) ▶

49.80

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 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: 01012.E8099 Date of Disbursement 08 / 31 / 2010 Amount of Each Disbursement this Period 2.50 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 Return Check Charge 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: 01012.E8095 Date of Disbursement 08 / 31 / 2010 Amount of Each Disbursement this Period 25.00 RETURN CHECK CHARGE	
C.	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 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: 01012.E8096 Date of Disbursement 08 / 31 / 2010 Amount of Each Disbursement this Period 31.88 SERVICE CHARGE	

SUBTOTAL of Disbursements This Page (optional)		59.38	
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	Transaction ID: 01012.E8098 Date of Disbursement 09 / 30 / 2010
	Mailing Address P.O. Box 291	Amount of Each Disbursement this Period 30.58
	City Jackson State MS Zip Code 39205-0291	
	Purpose of Disbursement Service Charge 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) ▼
		SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Trustmark National Bank	Transaction ID: 01012.E8097 Date of Disbursement 09 / 30 / 2010
	Mailing Address P.O. Box 291	Amount of Each Disbursement this Period 2.50
	City Jackson State MS Zip Code 39205-0291	
	Purpose of Disbursement Service Charge 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) ▼
		SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 00728.E7842 Date of Disbursement 07 / 23 / 2010
	Mailing Address Madison Street	Amount of Each Disbursement this Period 396.00
	City Bolton State MS Zip Code 39041-	
	Purpose of Disbursement Postage 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) ▼
		POSTAGE

SUBTOTAL of Disbursements This Page (optional)	429.08
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) Verizon Business Mailing Address P.O. Box 371873 City Pittsburgh State PA Zip Code 15250-7873 Purpose of Disbursement Long Distance 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: 01012.E7855 Date of Disbursement 08 / 06 / 2010 Amount of Each Disbursement this Period 26.01 LONG DISTANCE SERVICES
B.	Full Name (Last, First, Middle Initial) Verizon Business Mailing Address P.O. Box 371873 City Pittsburgh State PA Zip Code 15250-7873 Purpose of Disbursement Long Distance Service 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: 01012.E7912 Date of Disbursement 09 / 03 / 2010 Amount of Each Disbursement this Period 26.53 LONG DISTANCE SERVICE
C.	Full Name (Last, First, Middle Initial) Ms. Fannie L. Ware Mailing Address 2803 Duane St. City Jackson State MS Zip Code 39209- Purpose of Disbursement Office Supplies-Jackson Campaign Of 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: 01012.E7933 Date of Disbursement 09 / 09 / 2010 Amount of Each Disbursement this Period 1130.00 OFFICE SUPPLIES-JACKSON CAMPAIGN OF

SUBTOTAL of Disbursements This Page (optional) ▶	1182.54
TOTAL This Period (last page this line number only) ▶	102634.46

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial) Sanford D. Bishop Jr. For Congress <hr/> Mailing Address P.O. Box 909 <hr/> City Columbus State GA Zip Code 31902- <hr/> Purpose of Disbursement CAMPAIGN CONTRIBUTION <hr/> Candidate Name SANFORD D BISHOP, JR. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7868 Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Boucher For Congress Committee <hr/> Mailing Address P.O. Box 2000 <hr/> City Abingdon State VA Zip Code 24212- <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name FREDERICK C BOUCHER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7978 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Carol Shea-Porter Congress <hr/> Mailing Address P.O. Box 453 <hr/> City Rochester State NH Zip Code 03866- <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name CAROL SHEA-PORTER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E8002 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	6000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A. Full Name (Last, First, Middle Initial) Chet Edwards For Congress</p> <p>Mailing Address P.O. Box 23273</p> <p>City Waco State TX Zip Code 76702-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CHET EDWARDS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7984</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Childers For Congress</p> <p>Mailing Address P.O. Box 177</p> <p>City Booneville State MS Zip Code 38829-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name TRAVIS W CHILDERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7981</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Ciro Rodriguez For Congress</p> <p>Mailing Address P.O. Box 14528</p> <p>City San Antonio State TX Zip Code 78214-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CIRO D. RODRIGUEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E8000</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Elliott for Congress Mailing Address P.O. Box 3524 City Little Rock State AR Zip Code 72203- Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00709.E7826 Date of Disbursement 07 / 06 / 2010 Amount of Each Disbursement this Period 2000.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee Mailing Address P.O. Box 28001 City Raleigh State NC Zip Code 27611- Purpose of Disbursement CONTRIBUTION Candidate Name BOB ETHERIDGE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02	Transaction ID: 01012.E8020 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 2000.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Fannie Lou Hamer Cancer Foundation Mailing Address P.O. Box 755 City Ruleville State MS Zip Code 38771- Purpose of Disbursement DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01012.E7871 Date of Disbursement 08 / 20 / 2010 Amount of Each Disbursement this Period 300.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	4300.00
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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Committee to Elect Alan Grayson	Transaction ID: 01012.E7986
	Mailing Address P.O. Box 536447	Date of Disbursement MM / DD / YYYY 09 / 24 / 2010
	City Orlando State FL Zip Code 32853-	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name ALAN GRAYSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) Harry Teague For Congress	Transaction ID: 01012.E8005
	Mailing Address P.O. Box 5153	Date of Disbursement MM / DD / YYYY 09 / 24 / 2010
	City Hobbs State NM Zip Code 88241-	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name HARRY TEAGUE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) Hulburd For Congress	Transaction ID: 01012.E7990
	Mailing Address 4340 E Indian School Road, #21-467	Date of Disbursement MM / DD / YYYY 09 / 24 / 2010
	City Phoenix State AZ Zip Code 85018-	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name JON HULBURD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A. Full Name (Last, First, Middle Initial) Jim Costa For Congress</p> <p>Mailing Address 2037 West Bullard, Suite 355</p> <p>City Fresno State CA Zip Code 93711-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JIM COSTA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7982</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Joe Garcia For Congress</p> <p>Mailing Address 210 Mendoza Ave.</p> <p>City Miami State FL Zip Code 33141-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOE GARCIA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7985</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) John Carney For Congress</p> <p>Mailing Address P.O. Box 2162</p> <p>City Wilmington State DE Zip Code 19899-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOHN CHARLES CARNEY, JR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7980</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A. Full Name (Last, First, Middle Initial) John Salazar For Congress</p> <p>Mailing Address P.O. Box 534</p> <p>City Pueblo State CO Zip Code 81002-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOHN T SALAZAR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E8001</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Julie Lassa For Congress</p> <p>Mailing Address P.O. Box 112</p> <p>City Stevens Point State WI Zip Code 54481-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JULIE LASSA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7995</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress</p> <p>Mailing Address P.O. Box 1045</p> <p>City Erie State PA Zip Code 16512-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name KATHLEEN DAHLKEMPER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7983</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Kearney Park Cowboys Booster Club Mailing Address P.O. Box 715 City State Zip Code Flora MS 39071- Purpose of Disbursement DONATION 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7917 Date of Disbursement 09 / 03 / 2010 Amount of Each Disbursement this Period 150.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Kilpatrick For United States Congress Mailing Address P.O. Box 32175 City State Zip Code Detroit MI 48232- Purpose of Disbursement CAMPAIGN CONTRIBUTION; PRIMARY & GE Candidate Name CAROLYN KILPATRICK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00709.E7825 Date of Disbursement 07 / 06 / 2010 Amount of Each Disbursement this Period 4000.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Kilroy for Congress Mailing Address P.O. Box 2582 City State Zip Code Columbus OH 43216- Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name MARY JO KILROY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00709.E7828 Date of Disbursement 07 / 06 / 2010 Amount of Each Disbursement this Period 2000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	6150.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

<p>A. Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powrlind Road, Suite 204</p> <p>City Boca Raton State FL Zip Code 33433-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name RON KLEIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 22</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7992</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address P.O. Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SUZANNE KOSMAS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 24</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7993</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) McDowell For Congress</p> <p>Mailing Address P.O. Box 913</p> <p>City Sault Sainte Marie State MI Zip Code 49783-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name GARY MCDOWELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 01</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01012.E7996</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
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

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Mike McMahon For Congress Mailing Address 66 Arnold Street City Staten Island State NY Zip Code 10301- Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL E. MCMAHON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7997 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress Mailing Address P.O. Box 868 City Levittown State PA Zip Code 19058- Purpose of Disbursement CONTRIBUTION Candidate Name PATRICK J MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7998 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski Mailing Address 103 South Hanover Street City Nanticoke State PA Zip Code 18634- Purpose of Disbursement CONTRIBUTION Candidate Name PAUL E. KANJORSKI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7991 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)		6000.00	
TOTAL This Period (last page this line number only)			

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Friends of Steve Raby Mailing Address P.O. Box 210 City Harvest State AL Zip Code 35749- Purpose of Disbursement CONTRIBUTION Candidate Name STEPHEN WALKER RABY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E8007 Date of Disbursement 09 / 28 / 2010 Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Keep Nick Rahall In Congress Committee Mailing Address P.O. Box 64 City Beckley State WV Zip Code 25802- Purpose of Disbursement CONTRIBUTION Candidate Name NICK JOE RAHALL, II Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7999 Date of Disbursement 09 / 24 / 2010 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Friends For Harry Reid Mailing Address P.O. Box 19163 City Las Vegas State NV Zip Code 89132- Purpose of Disbursement CONTRIBUTION Candidate Name HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7987 Date of Disbursement 09 / 24 / 2010 Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL 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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Richmond For Congress <hr/> Mailing Address 1631 Elysian Fields, Suite 150 <hr/> City New Orleans State LA Zip Code 70126- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CEDRIC L RICHMOND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7994 Date of Disbursement 09 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Rush Holt For Congress <hr/> Mailing Address P.O. Box 782 <hr/> City Pennington State NJ Zip Code 08534- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name RUSH D. HOLT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7989 Date of Disbursement 09 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Russ Carnahan In Congress Committee <hr/> Mailing Address 7000 S. Chippewa Street <hr/> City Saint Louis State MO Zip Code 63119- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name RUSS CARNAHAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01012.E7979 Date of Disbursement 09 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Loretta Sanchez

Mailing Address 604 S. Harbor Blvd.

City Santa Ana State CA Zip Code 92704-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LORETTA SANCHEZ

Office Sought: House
 Senate
 President

State: CA District: 47

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 01012.E8003

Date of Disbursement

M M / D D / Y Y Y Y
09 / 24 / 2010

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Dan Seals for Congress

Mailing Address P.O. Box 584

City Wilmette State IL Zip Code 60091-

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name
DANIEL JOSEPH SEALS

Office Sought: House
 Senate
 President

State: IL District: 10

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 00709.E7827

Date of Disbursement

M M / D D / Y Y Y Y
07 / 06 / 2010

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
IKE SKELTON

Office Sought: House
 Senate
 President

State: MO District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 01012.E8004

Date of Disbursement

M M / D D / Y Y Y Y
09 / 24 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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NAME OF COMMITTEE (In Full)
Friends of Bennie Thompson

A.	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin	Transaction ID: 01012.E7988 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0	
	Mailing Address For South Dakota P.O. Box 2009		
	City Sioux Falls State SD Zip Code 57101-	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement CONTRIBUTION Candidate Name SANDLIN HERSETH, STEPHANIE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
B.	Full Name (Last, First, Middle Initial) Tim Bishop For Congress	Transaction ID: 01012.E7977 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0	
	Mailing Address P.O. Box 437		
	City Farmingville State NY Zip Code 11738-	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement CONTRIBUTION Candidate Name TIMOTHY BISHOP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
C.	Full Name (Last, First, Middle Initial) Washington County Sheriff Department	Transaction ID: 00728.E7846 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0	
	Mailing Address P.O. Box 786		
	City Greenville State MS Zip Code 38702-0786	Amount of Each Disbursement this Period 200.00	
	Purpose of Disbursement DONATION 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4200.00
TOTAL This Period (last page this line number only) ▶	74650.00