FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

		rganization or Corporation	tooo, moraamig aaamioa i			
	G RANGE COR					
	dress (number and OFFICE BOX 9					
(c) Cit	ty, State and ZIP Co	ode				
GREE	ENWOOD	3. FEC Identification Number				
GREENWOOD MS 38935 2. Corporate filers only						
2. 00/p	orate mers omy	Is the filer a qualified nonprofit co	prporation? X Yes	No		
Indiv	idual filers only					
IIIaiv	idual illers offiy	Name of Employer		Occupation		
<u> </u>	4. TYPE OF REF	PORT (check appropriate boxes):				
	<i>(</i>		П			
	(a) LApril 1	5 Quarterly Report	24-Hour Report	48-Hour Report		
	X July 15	Quarterly Report				
	Octobe	r Quarterly Report				
		•				
	Januar	y 31 Year-End Report				
		_	No X			
	(b) Is this Rep					
-						
	5. COVERING P					
		M M / D	3 D / Y Y Y Y Y Y			
	6. TOTAL CONT	RIBUTIONS		7100.00		
	7. TOTAL INDEF	PENDENT EXPENDITURES		3024.00		
request or s	suggestion of, a candidat	t the independent expenditures reported herein e or a candidate's agent or authorized commit poration, I certify that the corporation is a quali	ee or a political party committee or its age	nt. In addition, if the independent expenditures		
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE						
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DA						
1441-	1000			2=1121222		
JANE N	07/12/2007					
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.						

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (Rev. 09/2005)

SCHEDULE 5-A ITEMIZED RECEIPTS

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Any information copied from such Penarte a	nd Statements may as	at he sold or used by	any percen for th	ue purpose of soliciting contributions
Any information copied from such Reports a or for commercial purposes, other than using	g the name and addres	ss of any political co	mmittee to solicit	contributions from such committee
NAME OF FILER (In Full)	DOLUTION:	N 66: " ::-		
VIKING RANGE CORPORATION	POLITICAL ACTIO	IN COMMITTEE		
A. Full Name (Last, First, Middle Initial)				Date of Receipt
Jane L Moss Mailing Address				M M / D D / Y Y Y Y Y 1 1 5 1 5 2 0 0 7
292 County Road 352	01-1-	7in O-d-		Transaction ID: F56.000001
City Greenwood	State MS	Zip Code 38930	-	
FEC ID number of contributing	1410			Amount of Each Receipt this Period
federal political committee.	С			300.00
Name of Employer			Occupation	
Viking Range Corporation			CPA	
Full Name (Last, First, Middle Initial)				Date of Receipt
Waldrop M Brian Mailing Address 111 Front Street				M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y D D D / Y Y Y Y Y Y Y
111 Front Street	01-1	7in 0-1		Transaction ID: F56.000002
City Greenwood	State MS	Zip Code 38930	-	
FEC ID number of contributing				Amount of Each Receipt this Period
federal political committee.	С			600.00
Name of Employer			Occupation	
Full Name (Last, First, Middle Initial)				Date of Receipt
Woods Robert Mailing Address				M M / D D / Y Y Y Y O T S T S T S T S T S T S T S T S T S T
111 Front Street		7' 6 :		
City Greenwood	State MS	Zip Code 38930	-	Transaction ID: F56.000003
FEC ID number of contributing	IVIO	50000		Amount of Each Receipt this Period
federal political committee.	С			300.00
Name of Employer			Occupation	
Full Name (Last, First, Middle Initial)				Date of Receipt
<u>Dale Persons</u> Mailing Address				M M / D D / Y Y Y Y Y 1 1 5 2 0 0 7
City	State	Zip Code		Transaction ID: F56.000004
				Amount of Each Receipt this Period
FEC ID number of contributing				600.00
federal political committee.	С			000.00
Name of Employer			Occupation	
CURTOTAL of Descripts This Day ()	n.			1800.00
SUBTOTAL of Receipts This Page (optional	aı)		<u> </u>	1000.00
TOTAL This Period (last page carry total to	Line 6)			

SCHEDULE 5-A ITEMIZED RECEIPTS

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Fred E Carl. Jr Malling Address City State Zip Code Transaction ID: F56.000005 Amount of Each Receipt this Period EC Date of Receipt Malling Address City State Zip Code Transaction ID: F56.000005 Amount of Each Receipt this Period Date of Receipt Margaret Carl Mailing Address City State Zip Code Transaction ID: F56.000006 Amount of Each Receipt this Period Transaction ID: F56.000006 Amount of Each Receipt this Period Cocupation Cocupation Date of Receipt Malling Address City State Zip Code Transaction ID: F56.000006 Amount of Each Receipt this Period Cocupation Cocupation	Any information copied from such Reports	and Statements may not be sold or used by any person	for the purpose of soliciting contributions
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FEC ID number of contributing federal political committee.	City	State Zip Code	Transaction ID: F56.000007
federal political committee.			Amount of Each Receipt this Period
Name of Employer Occupation	9	C	300.00
	Name of Employer	Occupat	ion

TOTAL This Period (last page carry total to Line 6)

7100.00

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full) VIKING RANGE CORPORATION POLITICAL ACTION COMMITTEE						
Full Name (Last, First, Middle Initial) of Payee Citizens for Cochran	Date					
Mailing Address	M M / D D / Y Y Y Y Y Amount					
City State Zip Code	2300.00					
Purpose of Expenditure Primary election contribution Category/ Type 011	Office Sought: House State: MS Senate District:					
Name of Federal Candidate Supported or Opposed by Expenditure: Thad Cochran	Check One: X Support Oppose					
Calendar Year-To-Date Per Election for Office Sought 2300.00	Disbursement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) of Payee Citizens for Cochran	Date Date					
Mailing Address	Amount 700.00					
City State Zip Code						
Purpose of Expenditure General election donation Category/ Type 011	Office Sought: House State: MS Senate X Senate District:					
Name of Federal Candidate Supported or Opposed by Expenditure: Thad Cochran	Check One: X Support Oppose					
Calendar Year-To-Date Per Election for Office Sought 700.00	Disbursement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) of Payee Planters Bank	Date Date Date Date					
Mailing Address	Amount					
City State Zip Code	24.00					
Purpose of Expenditure Bank fees Category/ Type 001	Office Sought: House State: Senate District:					
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support X Oppose					
Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: Primary General Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	3024.00					
(b) SUBTOTALof Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						