

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A
For use by Members, officers, and employees

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Bennie G. Thompson

(Full Name)

202-225-5876

(Daytime Telephone)

Filer ☒ Member of the U.S. House of Representatives

State: MS District: 2nd

Officer Or Employee

Employing Office:

Report Type ☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

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2008 MAY 14 PM 1:32

(Office Use Only)

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
The Pension Boards - United Church of Christ	Spouse Pension	N/A
Town of Bolton Development Corporation	Spouse Salary	N/A
State of Mississippi	Spouse Retirement Plan	N/A
State of Mississippi	Spouse Deferred Compensation Plan	N/A
Valic Retirement Services Company	Spouse Annuity	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bernie G. Thompson

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BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>	<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP Congressional Federal Credit Union Union	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
JT Jackson Federal Credit Union Jackson, MS	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP BancorpSouth Bank Clinton, MS (See footnotes)	\$100,001 - \$250,000	INTEREST	NONE	
SP BancorpSouth Bank Clinton, MS (See footnotes)	\$15,001 - \$50,000	INTEREST	NONE	
SP Jackson Federal Credit Union Jackson, MS	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT Liberty National Bank accounts New Orleans, LA	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	Trustmark Bank accounts Jackson, MS	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Regions Financial Corporation - Common Stock Providence, RI	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Regions Bank Clinton, MS	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	Mississippi State Retirement Plan	\$50,001 - \$100,000	N/A	N/A	
SP	AIG Valic Annuity Insurance Houston, TX	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
SP	AXA Equitable Annuity Syracuse, NY	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	The Pension Boards, United Church of Christ, 475 Riverside Drive, New York, NY 10115	\$15,001 - \$50,000	N/A	N/A	
SP	Mississippi State Retirement Plan	\$50,001 - \$100,000	N/A	N/A	
SP	Mississippi Deferred Compensation Plan (See footnotes)	None	N/A	N/A	
	Dwelling, 212 Sharon Street Bolton, MS	\$15,001 - \$50,000	CAPITAL GAINS	NONE	
	1 acre unimproved property, Mt. Olive Road Bolton, MS	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
	2 acres unimproved property, Northside Drive, Bolton, MS	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
	1 acre unimproved property, Old Fairground Road Edwards, MS	\$1,001 - \$15,000	CAPITAL GAINS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	Lot 1, L. C. Turner Circle Bolton, MS	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
JT	Lot 3, L. C. Turner Circle Bolton, MS	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
JT	Lot 540, Cottage Grove Subdivision Jackson, MS	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
JT	3231 and 3233 West Capitol Street Jackson, MS	\$100,001 - \$250,000	CAPITAL GAINS	NONE	
SP	Lot 31, Less Highway, Block 7 Mound Bayou, MS	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
SP	Lot 8, Block 2 Southeast Annex Mound Bayou MS	\$1,001 - \$15,000	CAPITAL GAINS	NONE	

SCHEDULE V - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Trustmark National Bank Jackson, MS (Mortgage paid-off 5/3/07)	Mortgage on 3231 and 3233 West Capitol Street, Jackson, MS (See footnotes)	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Bennie G. Thompson

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Miami University Middletown, Ohio	Feb. 5	DC-Cincinnati, OH-DC	N	N	N	None
El Paso Black Democrats	Feb. 25-26	Jackson, MS-El Paso TX- Jackson, MS	Y	N	N	None
Maritime Trades Department - AFL-CIO	Mar. 1-2	DC-Las Vegas, NV-Jackson, MS	Y	N	N	None
Coalition of Black Trade Unionists	May 26	Jackson, MS-Chicago, IL- Jackson, MS	N	N	N	None
MS Trial Lawyers Association	June 8-9	Jackson, MS-New Orleans, LA-Jackson,MS	Y	Y	N	None
International Longshoremen's Association	July 22-23	Jackson, MS-Fort Lauderdale, FL-DC	Y	Y	N	None
Black Congress on Health, Law, and Economics	July 28	Jackson, MS-Atlanta, GA- Jackson,MS	Y	Y	N	None
Congressional Black Caucus Political Education and Leadership Institute	Aug. 13-19	Bolton, MS-Tunica, MS- Bolton, MS	Y	Y	Y	None
The Aspen Institute Congressional Program	Aug. 13-19	Jackson, MS-Berlin-Jackson, MS	Y	Y	Y	None

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Congressional Black Caucus Political Education and Leadership Institute	Oct. 12-13	Jackson, MS-Dallas, TX- Jackson, MS	Y	Y	N	None
Omaha Association of Black Firefighters	Oct. 27-28	Jackson, MS-Omaha, NE- Jackson, MS	Y	Y	N	None
Carib News	Nov 10-12	Jackson, MS-Antigua- Jackson, MS	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	BLB Properties
Trustee Emeritus	Tougaloo College
Board member	Housing Assistance Council

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Accounts (CD's) deposited April 24, 2007 for period of one year	BancorSouth Bank Clinton, MS
2	Schedule III	Full surrender 01/11/2007 spouse's retirement plan (Final monthly withdrawal)	Mississippi Deferred Compensation Plan
4	Schedule V	Mortgage loan paid-off on 5/3/07	Trustmark National Bank Jackson, MS