

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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LEGISLATIVE RESOURCE CENTER

2009 MAY 13 AM 9:41

Bennie G. Thompson
(Full Name)

202-225-5876
(Daytime Telephone)

MC
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: MS District: 2nd	<input type="checkbox"/> Officer Or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	Termination	Termination Date:

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

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? If yes, complete and attach Schedule I.	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 \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? If yes, complete and attach Schedule II.	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 \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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? If yes, complete and attach Schedule III.	Yes <input 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? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Bennie G. Thompson

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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
State of Mississippi	Pension	\$7,348
State of Mississippi	Spouse Retirement Plan	N/A
Valic Retirement Services Company	Spouse Annuity	N/A
Town of Bolton Development Corporation	Spouse Salary	N/A
The Pension Boards - United Church of Christ	Spouse Pension	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name **Bennie G. Thompson**

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BLOCK A Asset and/or Income Source 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. 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. 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.	BLOCK B Year-End Value of Asset 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."	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT Congressional Federal Credit Union	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
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	\$201 - \$1,000	
JT Trustmark Bank accounts Jackson, MS	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT Regions Financial Corporation - Common Stock Providence, RI	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Regions Bank Clinton, MS	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	BancorpSouth Bank Clinton, MS (See footnotes)	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
SP	BancorpSouth Bank Clinton, MS (See footnotes)	\$15,001 - \$50,000	INTEREST	\$2,501 - \$5,000	
JT	BancorpSouth Bank Clinton, MS	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	1 acre unimproved property, Mt. Olive Road Bolton, MS	\$1,001 - \$15,000	None	NONE	
SP	AIG Valic Annuity Insurance Houston, TX	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	Dwelling, 212 Sharon Street Bolton, MS	\$15,001 - \$50,000	None	NONE	
	1 acre unimproved property, Old Fairground Road Edwards, MS	\$1,001 - \$15,000	None	NONE	
	2 acres unimproved property, Northside Drive, Bolton, MS	\$1,001 - \$15,000	None	NONE	
JT	Lot 1, L. C. Turner Circle Bolton, MS	\$1,001 - \$15,000	None	NONE	
JT	Lot 3, L. C. Turner Circle Bolton, MS	\$1,001 - \$15,000	None	NONE	
JT	Lot 540, Cottage Grove Subdivision Jackson, MS	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	3231 and 3233 West Capitol Street Jackson, MS	\$100,001 - \$250,000	None	NONE	
SP	Lot 31, Less Highway, Block 7 Mound Bayou, MS	\$1,001 - \$15,000	None	NONE	
SP	Lot 8, Block 2 Southeast Annex Mound Bayou MS	\$1,001 - \$15,000	None	NONE	
SP	AXA Equitable Annuity Syracuse, NY	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	Hinds County Board of Supervisors Jackson, MS	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

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 \$335 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
FBI-LEEDA	March 17	Jackson, MS-Daytona Beach, FL-Jackson, MS	N	Y	N	None
Coalition of Black Trade Unionists	May 23-25	Jackson, MS-St. Louis, MO- Jackson, MS	Y	N	N	1 Day
United Steel Workers of America	June 30	Jackson, MS-Las Vegas, NV- Jackson, MS	N	Y	N	None
CBC Institute	August 14- 17	Bolton, MS-Tunica, MS- Bolton, MS	Y	Y	Y	None
CBC Institute	October 12-13	Jackson, MS-Minneapolis, MN-Jackson, MS	Y	Y	N	None
Carib News Foundation	November 6-9	Jackson, MS-St. Maarten, N.A.-Jackson, MS	Y	Y	Y	None
Williams College at Williamstown, MA	November 17-18	Jackson, MS-Albany, NY- Jackson, MS/Washington, DC	Y	Y	Y	None
The American Shipbuilding Association	December 1-3	Jackson, MS-Orlando, FL- Jackson, MS	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name **Bennie G. Thompson**

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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 I	Pension from previous employment between Sept. 1968 and April 19, 1993; started 02/01/08	State of Mississippi
2	Schedule III	Interest generated from investment at county tax sale; interest computed @ 1.5% monthly for up to three years or until property redeemed by owner or transferred	Hinds County Board of Supervisors Jackson, MS