## Delbert Hosemann -10 Table

			*	SECRETARY OF STATE
		Political Comit	ttee	
	REP	ORT OF RECEIPTS AND	DISBURSEMENTS	
		City of Jackson, Special		
	Ć.		7	
Name	of Committee $\sqrt{m}$	when to Elect The	eve A. Lamba	,
Addres	5 3234 muly	ME EVOS Blux	county Unil	
Teleph	ione 601-362-1	4	ax 601-362-002	
Treasu	irer Borry W. K	JIMED Emai	il Address bwhomn	2 bellsmithing
	Check here if above	e is different from previous report		
/	April 1, 2014 Pre-Election	Report (January 1, 2014 through March	h 29, 2014)	Mandatory
	April 15, 2014 Pre-Runoff	Report (March 30, 2014 through April 1	2, 2014)	Runoff Candidates Only
,	January 30, 2015 Annual F	Report (January 1, 2014 through Decer	mber 31, 2014)	Mandatory
		didate will no longer accept contribution that no outstanding campaign debt obl		d to terminate reporting ons
		IMPORTAL	<u>YI</u>	
		IMPORTA! ndatory, even if no contributions or ting "0" (Zero) for total amount of re	expenditures have occurred. In	
(2) Ur	all submit a report indica	ndatory, even if no contributions or ting "0" (Zero) for total amount of remination Report, annual and periodi	expenditures have occurred. In ported contributions and expen	ditures during this period.
(2) Ur Ar (3) Th	nall submit a report indica ntil a Candidate files a Ter nn. § 23-15-807 (b) (ii) and ne receiving authority mus	ndatory, even if no contributions or a ting "0" (Zero) for total amount of representation Report, annual and periodi (iii).	expenditures have occurred. In ported contributions and expen c reports must still be filed in a reports by 5:00 p.m. on the rep	ditures during this period.  ccordance with Miss. Code  corting day, if the deadline
(2) Ur Ar (3) Th	nall submit a report indicantil a Candidate files a Ternan. § 23-15-807 (b) (ii) and receiving authority mustls on a weekend or a holi	ndatory, even if no contributions or ting "0" (Zero) for total amount of remination Report, annual and periodi (iii).	expenditures have occurred. In ported contributions and expen c reports must still be filed in a reports by 5:00 p.m. on the rep	ditures during this period.  ccordance with Miss. Code  corting day, if the deadline
(2) Ur Ar (3) Th	nall submit a report indicantil a Candidate files a Ternan. § 23-15-807 (b) (ii) and receiving authority mustls on a weekend or a holi	ndatory, even if no contributions or ting "0" (Zero) for total amount of remination Report, annual and periodi (iii).  It be in actual receipt of the required day, the office must be in actual receixed reports are acceptable.	expenditures have occurred. In ported contributions and expen c reports must still be filed in a reports by 5:00 p.m. on the repeipt of the required reports by 5	ditures during this period.  ccordance with Miss. Code  corting day, if the deadline
(2) Ur Ar (3) Th	nall submit a report indicantil a Candidate files a Ternan. § 23-15-807 (b) (ii) and receiving authority mustls on a weekend or a holi	ndatory, even if no contributions or ting "0" (Zero) for total amount of reprint in the contribution of th	expenditures have occurred. In ported contributions and expent or reports must still be filed in a reports by 5:00 p.m. on the repeipt of the required reports by 5	ditures during this period.  ccordance with Miss. Code  corting day, if the deadline
(2) Ur Ar (3) Th	nall submit a report indicantil a Candidate files a Ternan. § 23-15-807 (b) (ii) and receiving authority mustls on a weekend or a holi	ndatory, even if no contributions or ting "0" (Zero) for total amount of representation Report, annual and periodi (iii).  It be in actual receipt of the required day, the office must be in actual receixed reports are acceptable.  REPORTED CONTRIBUTION Itemized =	expenditures have occurred. In ported contributions and expendence reports must still be filed in a reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. This Period	ditures during this period. ccordance with Miss. Code porting day. If the deadline :00 p.m. on the first working
sh (2) Ur Ar (3) Th fa da	nall submit a report indicantil a Candidate files a Ternan. § 23-15-807 (b) (ii) and receiving authority mustls on a weekend or a holi	ndatory, even if no contributions or ting "0" (Zero) for total amount of representation Report, annual and periodi (iii).  It be in actual receipt of the required day, the office must be in actual receixed reports are acceptable.  REPORTED CONTRIBUTION Itemized =	expenditures have occurred. In ported contributions and expendence reports must still be filed in a reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. This Period	ditures during this period. ccordance with Miss. Code corting day. If the deadline :00 p.m. on the first working Calendar
sh (2) Ur Ar (3) The fa da	nall submit a report indicantil a Candidate files a Ternn. § 23-15-807 (b) (ii) and the receiving authority must son a weekend or a holing before the deadline. Farmount of contributions	ndatory, even if no contributions or ting "0" (Zero) for total amount of reprint in the contribution of th	expenditures have occurred. In ported contributions and expendence reports must still be filed in a reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. This Period	ccordance with Miss. Code corting day, If the deadline :00 p.m. on the first working  Calendar Year-To-Date
(2) Ur Ar (3) The factor do	nall submit a report indicantil a Candidate files a Ternn. § 23-15-807 (b) (ii) and the receiving authority must son a weekend or a holing before the deadline. Farmount of contributions	ndatory, even if no contributions or ting "0" (Zero) for total amount of regardination Report, annual and periodi (iii).  It be in actual receipt of the required day, the office must be in actual received reports are acceptable.  REPORTED CONTRIBUTION Itemized =	expenditures have occurred. In ported contributions and expendence reports must still be filed in a reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. This Period	ccordance with Miss. Code corting day. If the deadline :00 p.m. on the first working  Calendar Year-To-Date
(2) Ur Ar (3) The fa da	nall submit a report indicantil a Candidate files a Ternn. § 23-15-807 (b) (ii) and the receiving authority must be son a weekend or a holing before the deadline. Farmount of contributions amount of disbursements amount of cash on hand	ndatory, even if no contributions or ting "0" (Zero) for total amount of representation Report, annual and periodi (iii).  It be in actual receipt of the required day, the office must be in actual received reports are acceptable.  REPORTED CONTRIBUTION Itemized + Non-Itemized =  \$ 9/5/3.1\(^{+}\$ 10, 276.67\)	expenditures have occurred. In ported contributions and expenditured contributions and expenditured reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the reports by 5	ccordance with Miss. Code cordance with Miss. Code corting day. If the deadline c00 p.m. on the first working  Calendar Year-To-Date  224, 965.57  Indian Translated and Included
(2) Ur Ar (3) The fa da	nall submit a report indicantil a Candidate files a Ternn. § 23-15-807 (b) (ii) and the receiving authority must be son a weekend or a holing before the deadline. Farmount of contributions amount of disbursements amount of cash on hand	ndatory, even if no contributions or ting "0" (Zero) for total amount of regardination Report, annual and periodi (iii).  It be in actual receipt of the required day, the office must be in actual received reports are acceptable.  REPORTED CONTRIBUTION Itemized =  \$ 91543.11 10, 276.67  \$ 8153.85 3 244.10	expenditures have occurred. In ported contributions and expenditured contributions and expenditured reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the reports by 5	ccordance with Miss. Code cordance with Miss. Code corting day. If the deadline c00 p.m. on the first working  Calendar Year-To-Date  224, 965.57  Indian Translated and Included
(2) Ur Ar (3) The fa da	nall submit a report indicantil a Candidate files a Ternn. § 23-15-807 (b) (ii) and the receiving authority must be son a weekend or a holing before the deadline. Farmount of contributions amount of disbursements amount of cash on hand	ndatory, even if no contributions or ting "0" (Zero) for total amount of reprint the second state of the required that the inactual receipt of the required day, the office must be in actual received reports are acceptable.  REPORTED CONTRIBUTION Itemized =  \$ 91543,11+\$ 10, 276.67  \$ 81523,25+\$ 3, 244-10  33, 815-14  The definition of the best of my interest and to the best of my interest.	expenditures have occurred. In ported contributions and expenditured contributions and expenditured reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the required reports by 5:00 p.m. on the repeipt of the reports by 5	ccordance with Miss. Code cordance with Miss. Code corting day. If the deadline c00 p.m. on the first working  Calendar Year-To-Date  224, 965.57  Indian Translated to the conditions of the co

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State: Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-578-2545
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

  3. Candidates for Municipal office should return forms to the Municipal Clerk.

3E :4 Kg 21 898 41

. b) ....

Page	Z	of	33
	_	~~	

	F	Page $\triangle$ of $\boxed{33}$
Name of Candidate or Committee Classel A. Summler		
Reporting period 3/31/4 through 4/12/19		
TENTITE DE CELO		
HEMIZED RECEIP	TS	
A. Source: Corporation PAC mdividual Loan	_	Amount of each
	Date (Ma Day Year)	receipt
Other (please specify)	(Mo., Day, Year)	this period
full page /	41218	\$ 194/70
Malifying Address	<del></del>	7
18422 Crowll Ld	41214	\$ 2427.20
City, State, Zip Code		
Stopenat ZA 71166		\$
Name of Employer (Réquired)		•
		\$
Occupation [Required]	Aggregate	\$ Z/2/D 00
Reference BAS For Individual Forms	year-to-date	15/10/60-1-1 U
Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
ull name	[3]. [4]. [5]	<u> </u>
modern & Shanson Must	3/2/1/2	\$ 48520
Mailing Address	3/21/2	६ ज्यान हो है
388 Helpenha Ine. 3 Flore	<u> </u>	\$ 500.00
City, State, Zip Code		ę
Bresch 1 1/2 16		\$
Name of Employer (Required)		\$
		<u> </u>
Occupation [Required]	Aggregate	\$ 2520
	Aggregate year-to-date	7000
	year-to-date Date	Amount of each
	year-to-date	Amount of each receipt
Other (please specify)	year-to-date Date	Amount of each receipt this period
Other (please specify)  Other (please specify)	year-to-date Date	Amount of each receipt
Other (please specify)  Full name  Mailing Address	year-to-date Date	Amount of each receipt this period
Other (please specify)  Other (please specify)  Full name  Malling Address  2221 W. Lalke St. #240)	year-to-date Date	Amount of each receipt this period
Other (please specify)  Other (please specify)  Full name  Mailing Address  2321 W. Mallas St. #2961  City, State, Zip Code	year-to-date Date	Amount of each receipt this period  \$ 250.01
Other (please specify)  Other (please specify)  Full name  Mailing Address  ALLI W. Labra St. Hall  City, State, Zip Code	year-to-date Date	Amount of each receipt this period
Other (please specify)  Other (please specify)  Full name  Mailing Address  ALLI W. Labra St. Hall  City, State, Zip Code	year-to-date Date	Amount of each receipt this period  \$ 250.01
Other (please specify)  Other (please specify)  Full name  Mailing Address  A 21 W. Mallas St. H299  City, State, Zip Code  What Th 770 19  Name of Employer (Required)  Stiff	year-to-date  Date (Mo., Day, Year)  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.01
Other (please specify)  Other (please specify)  Full name  Mailing Address  A 21 W. Mallas St. H299  City, State, Zip Code  What Th 770 19  Name of Employer (Required)  Stiff	year-to-date Date	Amount of each receipt this period  \$ 250.01
Other (please specify)  Other (please specify)  Full name  Mailing Address  All W. Lalkas St. Hall  City, State, Zip Code  Hand Tt. 770 / 9  Name of Employer (Required)  Still  Cocupation (Required)	year-to-date  Date (Mo., Day, Year)  Day, Year)  Day, Year)  Day, Year	Amount of each receipt this period  \$ 250.01
Other (please specify)  Other (please specify)  Full name  Mailing Address  Address  City, State, Zip Code  Head It 77019  Name of Employer (Required)  Occupation (Required)  Decupation (Required)  Occupation (Corporation   PAC   Individual   Loan	year-to-date  Date (Mo., Day, Year)  Date  Date  Date  Date  Date	Amount of each receipt this period  \$ 250.00 \$ Amount of each receipt
Other (please specify)  Other (please specify)  Mailing Address  Mailing Address  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)  Day, Year)  Day, Year)  Day, Year	Amount of each receipt this period  \$ 250.00 \$ Amount of each
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Hand The Train of Pac   Individual   Loan    Occupation (Required)  Occupation (Required)  Other (please specify)  Other (please specify)	year-to-date  Date (Mo., Day, Year)  Date  Date  Date  Date  Date	Amount of each receipt this period  \$ 250.00 \$ Amount of each receipt this period
Other (please specify)  Full name  Mailing Address  Mailing Address  City, State, Zip Code  Hand The Tree 19  Name of Employer (Required)  Secupation (Required)  Other (please specify)  Other (please specify)  Full name  Other (please specify)	year-to-date  Date (Mo., Day, Year)  Date  Date  Date  Date  Date  (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ Amount of each receipt
Other (please specify)  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Stif  Occupation (Required)  Other (please specify)  Full name  Other (please specify)  Full name  Other (please specify)	year-to-date  Date (Mo., Day, Year)  Date  Date  Date  Date  Date  (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ Amount of each receipt this period
Other (please specify)  Full name  Mailing Address  City, State, Zip Code    Land	year-to-date  Date (Mo., Day, Year)  Date  Date  Date  Date  Date  (Mo., Day, Year)	Amount of each receipt this period  \$ 250.01 \$ 250.01 \$ Amount of each receipt this period \$ 250.00 \$ 250.00 \$ 250.00
Other (please specify)  Full name  Mailing Address  City, State, Zip Code    The Total Composition   PAC   Individual   Loan	year-to-date  Date (Mo., Day, Year)  Date  Date  Date  Date  Date  (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ 250.00 \$ Amount of each receipt this period \$ 250.00
Other (please specify)  Full name  Mailing Address  A 2 1 W. Malkas St. H2 6 6  City, State, Zip Code    Transport   Transport	year-to-date  Date (Mo., Day, Year)                                      Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.01 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00
Other (please specify)  Full name  Mailing Address  All W. Walks St. Half  Other (Required)  Self  Occupation (Required)  Other (please specify)  Unit name  Other (please specify)  City, State, Zip, Code  Other (please specify)  Full name  Other (please specify)	year-to-date  Date (Mo., Day, Year)                                      Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.01 \$ 250.01 \$ Amount of each receipt this period \$ 250.00 \$ 250.00 \$ 250.00 \$ 250.00 \$ 250.00
Other (please specify)  Full name  Mailing Address  A 2 1 W. Lalks St. H2 16 1  City, State, Zip Code  Name of Employer (Required)  Other (please specify)  Full name  Other (please specify)  City, State, Zip, Code  K. A. L. M. M. 39/57  Name of Employer (Required)  Occupation (Required)	year-to-date  Date (Mo., Day, Year)                                      Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.01 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00 \$ \$ 250.00
Other (please specify)  Full name  Mailing Address  ALL W. Lalks St. Hall  City, State, Zip Code  Lamber of Employer (Required)  Secupation (Required)  Other (please specify)  Full name  Other (please specify)  Full name  Other (please specify)  City, State, Zip, Code  Lamber of Employer (Required)  City, State, Zip, Code  Lamber of Employer (Required)  City, State, Zip, Code  Lamber of Employer (Required)  Coccupation (Required)  Coccupation (Required)  Coccupation (Required)	year-to-date  Date (Mo., Day, Year)  Date  Date  Date  Date  Date  (Mo., Day, Year)	Amount of each receipt this period  \$ 250.01 \$ 250.01 \$ Amount of each receipt this period \$ 250.00 \$ 250.00 \$ 250.00 \$ 250.00 \$ 250.00
Other (please specify)  Full name  Mailing Address  All W. Walks St. Half  Other (Required)  Self  Occupation (Required)  Other (please specify)  Unit name  Other (please specify)  City, State, Zip, Code  Other (please specify)  Full name  Other (please specify)	year-to-date  Date (Mo., Day, Year)                                      Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.01 \$ 250.01 \$ Amount of each receipt this period \$ 250.00 \$ 250.00 \$ 250.00 \$ 250.00 \$ 250.00

Name of Candidate or Committee Chapter # Zand		
Reporting period 3/34/19 through 4/12/14		
TENUZED DECEID	TC	
H EMIZED RECEIP	ΓS	
A. Source: Corporation PAC Individual Loan	_ 1	Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	4 4 174	\$ 1375.00
Malling Address Milling Address Cil	<b>4 4 4</b>	
	4214	\$ 1,00000 In Kind
City, State, Zip Code		
Order MS 3 920 L		\$
Mame of Employer (Required)		
Agine of Employer (Keduned)		\$
Occupation (Required)	Aggregate	
	year-to-date	\$ 2375.00
B. Source: Corporation PAC Individual Loan	Data	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(1110.) 043, 1041)	this period
Full name	F 182 188	\$ 100000
BORAL Wagne HOWARD		- Zav
Mailing Address		\$
104 Derby Dr.		
City, State, Zip Code		\$
Naghan Mas 39110		
Name of Employer (Required)		\$
Occupation (Required)	A ==========	
Albert	Aggregate year-to-date	\$ /100 00
C. Source Corporation PAC midividual Loan	, <del>, , , , , , , , , , , , , , , , , , </del>	
o, course II sorbitation II + y, to II - matrial II - 20am II	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	77. 73. TV	<del></del>
Or. Stanky J. Sim	A1811X	\$ //0000
Mailing Address		\$
500 F C. Woodron Wilson ALR		<b>4</b>
City, State, Zip Code		\$
Japon 10 37216		
Name of Employer (Required)		\$
Occupation (Required)  (hirosayan VR	Aggregate year–to-date	\$ /1000
D. Source. Corporation PAC Lindividual Loan	year-to-date	
b. source	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	E 14 14	
Jettry Stampa		\$ /0000
Mailing Address		\$
6286 Ham Your KNOSHOVI		<b>*</b>
Ciri, State, Zip Code ( ) (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$
Mame of Employer (Required)		
Will and Wisher CI HILL TI		\$
Occupation (Required)	Aggregate	\$ 70000
greater.	year-to-date	\$ 1,00000

that A factor	!	Page 🗵 of 🗵
Name of Candidate or Committee		
Reporting period 3/37/14 through 4/12/19		
' / ITEMIZED RECEIP	TS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	里,至,还	\$ 500 00
Malling Address		
PO BUT 356		\$
City, State, Zip Code		\$
Jackon 105 37265		<b>4</b> L
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500 (1)
B. Source: 7 Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	\$150 1 B	\$ 4000
Mailing Address  1410 Avastan Janie Sty A		\$
City, State, Zip Code		
Jacken Mrs. 3213		\$
Name of Employer (Required)		\$
Occupation (Required)		7
Athrop	Aggregate year–to-date	\$ LOGU
C. Source C Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name.	型/星/型	\$ 500.00
Majjing Address		\$
(1) (2) + 8.30 + 0 City, State, Zip Code		<b>T</b>
Irdan MS 31283		\$
Name of Employer (Required)		\$
Occupation (Required)		
Occupation (typedinos)	Aggregate year-to-date	\$ 500.00

Loan 🗌

6H #: 30

D. Source: Corporation PAC Individual

Other (please specify)

Full name

Marking Address

Name of Employer (Required)

Occupation (Required)

Amount of each

receipt

this period

\$

\$

\$

Date

(Mo., Day, Year)

Aggregate year-to-date

Name of Candidate or Committee Charles A. Kommun
Reporting period 3/31/4 through 4/2/14
TEMIZED RÉCEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A	/ T / T / T / T	this period
Charlomet Labort Fundal Warl	有其其	\$ 511.00
Mailing Address		
1615 She Ohile Stark	<u>니/니</u> /니	\$
City, State, Zip Code		
		\$
Name of Employer (Required)		
Hanse of Employer (Kedunea)		\$
Occupation (Required)	A	
**************************************	Aggregate year–to-date	\$ 500.00
B. Source: PAC Individual Loan	year-to-date	A
B. Course. Decorporation   FAC   Individual   Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		tilis period
Dollar Cla	3 131 124	\$ 400.00
Mallan Address	<del></del>	4***
Mailing Address		\$
LOD KINERANT Dr. HIBK		<b>*</b> L
City, State, Zip Code		
Datroit, My 48-221		\$
Name of Employer [Required]		
		\$
Occupation (Regulred)	Aggregate	
	year-to-date	\$ 400.00
C. Source Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Coisting Dueren	41214	\$ 250.10
Mailing Address		
3612 and St.		\$
City, State, Zip Code		
		\$
Name of Employer [Required]		
521		\$
Occupation (Required)		· -
enner	Aggregate year–to-date	\$ 250,10
D. Source: L Corporation PAC Individual Loan	year-to-date	
b. source: D corporation PAC   Individual   Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
	型过程	\$ 50000
Mailing Address		
10 BUL 20023	$  \square / \square / \square $	\$
City_State_Zip Code		
		\$
		·
Occupation (Required)  Occupation (Required)  Occupation (Required)		\$
Occupation (Required)	Aggregate	•
	Aggregate year–to-date	\$ 500.10
<u> </u>	Jour- to-date	

Page	5	of	83
~ 460		~ _	4

	3	Page 6 of 03
Name of Candidate or Committee Challet A Symmeor		
Reporting period 3/3//4 through 4/12//4	-	
ÎTEMIZED RÉCEIP	TS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
04/20/01/20/20/20/20/20/20/20/20/20/20/20/20/20/	(Mo., Day, Year)	receipt
Other (please specify)		this period
Dinton Com TIRM	4128	\$ 500.00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	<del></del>	
		\$
Occupation (Required)	Aggregate	\$ 501.10
P. Source: M. Pornantion DAC M. Individual D. Land	year-to-date	000.10
B. Source: PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Chesha Engalis		\$ (100.00
Mailing Address 1555 (gransles Height Rol		\$
City, State, Zip Code  Mayin (re Panasi Mara 15/18		\$
Name of Employer (Required)		
		\$
Occupation (Regulred)	Aggregate year–to-date	\$ 1'00.00
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Marilyn A. Morshard The	型/11/12	\$ 301.00
Malling Address		\$
2850 Boy he Caty Kot City, State, Zip Code		<u> </u>
Cher Le unix, M1 49720		\$
Name of Employer (Required)		\$
Occupation (Reguired)	Aggregate year-to-date	\$ 800.00
D. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		\$
Mailing Address		,
		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Regulred)	Aggregate	\$
T. CEINFO	year-to-date	
CAN'd SI 8don't		

Page	6	οf	53
rage	1	ΟI	

Name of Candidate or Committee Laken H. Krimker	/	
Reporting period 3/31/1/9 through 4/3/1/9	_	
'ITEMIZED RÉCÉIP'	TS	
A. Source: Corporation PAC Individual Loan	. •	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)		this period
Dr. led M. watern	416124	\$ /010
Mailing Address		\$
City, State, Zip Code		
Brandon por 3 MU42		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	•
PostoR	year-to-date	\$ 43000
B. Source:	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	4,82,179	\$ / 100
Mailing Address		
PO 001-1404		\$
City, State, Zip Code		\$
Name of Employer (Required)		
Name of Employer (Negured)		\$
Occupation (Required)	Aggregate yearto-date	\$ 7.000
C. Source Corporation PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
	(11.0.1, 54), 1047)	this period
Full name	\(\mathbb{L}\) \(\mat	\$ 500.00
Malling Address		
		35
Unknown		\$
		\$
Unknown		Ť
Unbarun City, State, Zip Code	//	\$
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)	//	\$
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	year-to-date  Date	\$ SDP. VV Amount of each
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date	\$
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	year-to-date  Date	\$ SDP VV  Amount of each receipt
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date  Date	\$ SDP. VV  Amount of each receipt this period
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date  Date	\$ SDO IV Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Mailing Address  City, State, Zip Code	year-to-date  Date	\$ SDP. VV  Amount of each receipt this period
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)	year-to-date  Date	\$ SDO IV Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$
City, State, Zip Code  Name of Employer (Required)  Occupation [Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Mailing Address  City, State, Zip Code	yearto-date  Date (Mo., Day, Year)      /   /         /       Aggregate	\$ SDO IV  Amount of each receipt this period  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)	yearto-date  Date (Mo., Day, Year)      /   /         /     /	\$ SDP VV  Amount of each receipt this period  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

---

Page		of	<u> 33</u>
	_		=

Aggregate   Samount of each   Pac   Individual   Loan   Date   Pac   P		F	'age 11 of 12
Source:   Corporation   PAC   Individual   Loan   Date receipt this period   TEMIZED RECEIPTS	Name of Candidate or Committee Charle A. Krimba		
Source:   Corporation   PAC   Individual   Loan   Date   No. Day, Year)   The period   Corporation   PAC   Individual   Loan   Date   No. Day, Year)   The period   Corporation   PAC   Individual   Loan   Date   No. Day, Year)   The period   Corporation   PAC   Individual   Loan   Date   No. Day, Year)   The period   Corporation   PAC   Individual   Loan   Date   No. Day, Year)   Source   Corporation   PAC   Individual   Loan   Date   No. Day, Year)   The period   Corporation   PAC   Individual   Loan   Date   No. Day, Year)   The period   The period   The period   The	Reporting period 3/30//4 through 4/12/14		
Source:   Corporation   PAC   Individual   Loan   Date receipt this period   Individual   Loan   Date (Mo., Day, Year)   PAC   Individual   Loan   Date receipt this period   Individual   Date   Date (Mo., Day, Year)   PAC   Individual   Loan   Date (Mo., Day, Year)   PAC   Individual   Date (Mo.,	TEMIZED DECEID	TC	
Other (please specify)  Other (please specify)  Wing ame  (Mo., Day, Year)  this period  this period  Aggregate  year-to-date  Amount of each  receipt  this period  Aggregate  year-to-date  Amount of each  falling address  Other (please specify)  Other (please specify)  Size State. Zip Code  J. J. J. J. S. J. J. J. J. S. J. J. J. J. J. S. J. J. J. J. J. S. J.	HEIVIIZED RECEIP	10	
Other (please specify)  Other (please specify)  Wing ame  (Mo., Day, Year)  this period  this period  Aggregate  year-to-date  Amount of each  receipt  this period  Aggregate  year-to-date  Amount of each  falling address  Other (please specify)  Other (please specify)  Size State. Zip Code  J. J. J. J. S. J. J. J. J. S. J. J. J. J. J. S. J. J. J. J. J. S. J.	A Source: Corporation PAC Individual Loan		Amount of each
Compation   PAC   Individual   Loan   Date   Mount of each			receipt
		(IIIO., Day, Teal)	this period
		$\mathcal{G}_{I}$ $I$ $I$ $I$ $I$	\$ 7.1012
Sity, State, Jp Code			
			\$
		L-1 L-1 L-1	
			\$
Aggregate year-to-date   S	Name of Employer (Required)	m, m, m	<b></b>
Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   This per			<b>&gt;</b>
3. Source: Corporation PAC individual Loan Date (Mo., Day, Year)  Other (please specify) Syling Amount of each receipt this period  Full name Man Malan Syling Address Syling State. Zip Code Syling State. Zi	Occupation (Required)		\$ / 1/10 72
Other (please specify)  Occupation [Required]  Occupation [Req		year-to-date	4.4.
Other (please specify)  full name	B. Source: Corporation PAC Individual Loan	Date	
Sulf	Other (please specify)	(Mo., Day, Year)	
Mailing Address		[7] [7] [7]	<u> </u>
Solity State, Zip Code		<u> </u>	\$ 59/1/
City, State, Zip Code	Mailing Address		•
	5804 Kristin Dr.		•
Aggregate year-to-date   Amount of each receipt this period   Amount of each receipt   Amount of	City, State, ZIp Code	m, m, m	•
Aggregate year-to-date  Comporation PAC Individual Loan Date (Mo., Day, Year)  Mailing Address  City, State, Zip Code  Comporation PAC Individual Loan Date (Mo., Day, Year)  Coccupation (Required)  Coccupation (Required)  City, State, Zip Code  Corporation PAC Individual Loan Date (Mo., Day, Year)  Mailing Address  City, State, Zip Code  Coccupation (Required)  Coccupation (Required)  Coccupation (Required)  Cother (please specify)  Mailing Address  City, State, Zip Code  Cother (please specify)  City, State, Zip Code  Cother (please specify)  Coccupation Required)  Aggregate year-to-date  Amount of each receipt (Mo., Day, Year)  This period  Mailing Address  City, State, Zip Code  Cother (please specify)  Aggregate year-to-date  Amount of each receipt this period  This period  Amount of each receipt this period  This period  Amount of each receipt (Mo., Day, Year)  This period  Amount of each receipt (Mo., Day, Year)  This period  Aggregate year-to-date  Amount of each receipt (Mo., Day, Year)  This period  Amount of each receipt (Mo., Day, Year)  This period  Aggregate year-to-date  Amount of each receipt (Mo., Day, Year)  This period  Aggregate year-to-date  Aggregate year-to-date  Amount of each receipt (Mo., Day, Year)  This period  Aggregate year-to-date	Jadger MS 3720/		3
Aggregate year-to-date  Cother (please specify)  Mailing Address  ViO. 001 (005)  Date (Mo., Day, Year)  Mailing Address  Discourse: Corporation PAC Individual Loan  Cother (please specify)  Date (Mo., Day, Year)  Mailing Address  Discourse: Corporation PAC Individual Loan  Cother (please specify)  Date (Mo., Day, Year)  Aggregate year-to-date  Amount of each receipt this period  Aggregate year-to-date  Amount of each receipt this period  Date (Mo., Day, Year)  Mailing Address  Date (Mo., Day, Year)  Mailing Address  Date (Mo., Day, Year)  Mailing Address  Date (Mo., Day, Year)  Amount of each receipt this period  Date (Mo., Day, Year)  Mailing Address  Date (Mo., Day, Year)  Amount of each receipt this period  Date (Mo., Day, Year)  Amount of each receipt this period  PAC Individual Loan  Date (Mo., Day, Year)  Amount of each receipt this period  PAC Individual Loan  Date (Mo., Day, Year)  Amount of each receipt this period  PAC Individual Loan  Date (Mo., Day, Year)  Amount of each receipt this period  PAC Individual Loan  Amount of each receipt this period  PAC Individual Loan  Amount of each receipt this period  PAC Individual Loan  Amount of each receipt this period  PAC Individual Loan  Aggregate S  Amount of each receipt this period  PAC Individual Loan  Amount of each receipt this period  PAC Individual Loan  Aggregate S  Amount of each receipt this period  PAC Individual Loan  Amount of each receipt this period  PAC Individual Loan  Amount of each receipt this period  PAC Individual Loan  Amount of each receipt this period  PAC Individual Loan  Amount of each receipt this period  PAC Individual Loan  Aggregate S  Amount of each receipt this period  PAC Individual Loan  Aggregate S  Amount of each receipt this period  PAC Individual Loan  Aggregate S  Amount of each receipt this period  PAC Individual Loan  Aggregate S  Amount of each receipt this period  PAC Individual Loan  Aggregate S  Amount of each receipt this period  PAC Individual Loan  Aggregate S  Amount of each receipt this period  PAC Indivi	Name of Employer (Required)		\$
Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)			
C. Source Corporation PAC Individual Loan Date receipt this period    Content (please specify)   Content (Mo., Day, Year)   Conte			
Other (please specify)    Date (Mo., Day, Year)   Treceipt this period			\$ 57/00
Other (please specify)    Comparison   Composition   Compo	Unknown		217.00
Mailing Address  Phin. Bob 1605  City, State, Zip Code  Pagregate  Occupation [Required]  Discupation [Required]  Other (please specify)  Mailing Address  City, State, Zip Code  Mailing Address  Aggregate  Mailing Address  Amount of each receipt this period  City, State, Zip Code  Mailing Address  Amount of each receipt this period  City, State, Zip Code  Mailing Address  Aggregate	Unknown	year-to-date Date	Amount of each
Mailing Address  Phone Docupation [Required]  Docupation [Required]  Date  (Mo., Day, Year)  Mailing Address  City, State, Zip Code  Date  (Mo., Day, Year)  Mailing Address  City, State, Zip Code  Date  (Mo., Day, Year)  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Name of Employer (Required)  Aggregate  Aggregate  Significant  Aggregate  Significant  City, State, Zip Code  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Significant  Aggregate	C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt
City, State, Zip Code	C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date	Amount of each receipt this period
City, State, Zip Code	C. Source Corporation PAC Individual Loan  Other (please specify)	year-to-date Date	Amount of each receipt this period
Name of Employer (Required)  Description [Required]  Discource: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Name of Employer (Required)  Occupation (Required)  Aggregate specify this period  Signature of Employer (Required)  Aggregate specify Aggregate specify specific specifi	C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Malling Address	year-to-date Date	Amount of each receipt this period
Name of Employer (Required)    Aggregate year-to-date	C. Source Corporation PAC Individual Loan  Other (please specify)  Full name.  Malling Address  P.O. BOL 1605	year-to-date Date	Amount of each receipt this period
Description [Required]  Aggregate year-to-date  Date (Mo., Day, Year)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Aggregate year-to-date  Amount of each receipt this period  \$  City State, Zip Code  Aggregate year-to-date  Amount of each receipt this period  \$  Amount of each receipt this period  \$  Aggregate year-to-date  Amount of each receipt this period  \$  Aggregate year-to-date  Amount of each receipt this period  \$  Aggregate year-to-date  Amount of each receipt this period  \$  Aggregate year-to-date  Amount of each receipt this period  \$  Aggregate year-to-date  Amount of each receipt this period  \$  Aggregate year-to-date  Amount of each receipt this period  Aggregate year-to-date  Amount of each receipt this period  \$  Aggregate year-to-date  Amount of each receipt this period  \$  Aggregate year-to-date  Amount of each receipt this period  \$  Aggregate year-to-date  Amount of each receipt this period  Amount of each receipt this period  Aggregate year-to-date  Amount of each receipt this period  Amount of each r	C. Source Corporation PAC Individual Loan  Other (please specify)  Full name.  Mailing Address  P+(). BOL (605)  City, State, Zlp Code	year-to-date Date	Amount of each receipt this period  \$
D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)    Date (Mo., Day, Year)   City, State, Zip Code   City, State, Zip Code   City   Ci	C. Source Corporation PAC Individual Loan  Other (please specify)  Full name.  AND COMMISSION STATES COMMISSION OF	year-to-date Date	Amount of each receipt this period  \$
D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)    Date (Mo., Day, Year)   City, State, Zip Code   City, State, Zip Code   City   Ci	C. Source Corporation PAC Individual Loan  Other (please specify)  Full name.  Mailing Address  P+(). BOL (605)  City, State, Zlp Code	year-to-date Date	Amount of each receipt this period  \$ / 000
Other (please specify)    Comparison of Employer (Required)   Comp	C. Source Corporation PAC Individual Loan  Other (please specify)  Full name.  And Composition PAC Individual Loan  Other (please specify)  Full name.  And Composition PAC Individual Loan  Other (please specify)  Full name.  Full name	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ / 000 \$
Other (please specify)  (Mo., Day, Year)  This period  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  (Mo., Day, Year)  this period  \$    /   /   \$	C. Source Corporation PAC Individual Loan  Other (please specify)  Full name.  AND COMMISSION STATES COMMISSION OF	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ / 000 \$
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Ccupation (Required)  Aggregate  State Specify  State Spe	C. Source Corporation PAC Individual Loan  Other (please specify)  Full name.  Mailing Address  Phil. Box 1605  City, State, Zip Code  James Ms 39236  Name of Employer (Required)  Occupation (Required)	year-to-date  Date (Mo., Day, Year)                                    Aggregate year-to-date	Amount of each receipt this period  \$ / GCO \$ \$
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  Aggregate  Aggregate  Aggregate	C. Source Corporation PAC Individual Loan  Other (please specify)  Full name.  Alling Address  P(). BOL (605)  City, State, Zip Code  Alame of Employer (Required)  Occupation [Required]  D. Source: Corporation PAC Individual Loan	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
City, State, Zip Code    City, State, Zip Code   City,	C. Source   Corporation   PAC   Individual   Loan    Other (please specify)  Full name.  Alling Address  Phi. Box   Cosj  City, State, Zlp Code  Amme of Employer (Required)  Occupation (Required)  D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
City, State, Zip Code    City, State, Zip Code   City,	C. Source Corporation PAC individual Loan  Other (please specify)  Full name  AC Mailing Address  PAC Source: Corporation PAC Individual Loan  Occupation (Required)  Other (please specify)  Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
City, State, Zip Code    City, State, Zip Code	C. Source   Corporation   PAC   Individual   Loan    Other (please specify)  Full name.  Alling Address  Phil. Box   Cos    City, State, Zlp Code  And   Manage of Employer (Required)  Occupation [Required]  D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
Name of Employer (Required)  Occupation (Required)  Aggregate \$	C. Source Corporation PAC individual Loan  Other (please specify)  Full name  And Corporation PAC individual Loan  Other (please specify)  City, State, Zip Code  And Manual Required  Occupation (Required)  Other (please specify)  Full name  Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
Occupation (Required)  98: 11 Hd. S. Hd. M. Aggregate \$	C. Source Corporation PAC individual Loan  Other (please specify)  Full name  And Corporation PAC individual Loan  Other (please specify)  City, State, Zip Code  And Manual Required  Occupation (Required)  Other (please specify)  Full name  Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
Occupation (Required)  Aggregate \$	C. Source Corporation PAC Individual Loan  Other (please specify)  Malling Address  P.O. BOL (605)  City, State, Zip Code  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Other (please specify)  Full name  Other (please specify)  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
	C. Source Corporation PAC Individual Loan  Other (please specify)  Mailing Address  P.O. BOL 1005  City, State, Zip Code  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Other (please specify)  Full name  Mailing Address  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
Contid	C. Source Corporation PAC Individual Loan  Other (please specify)  Malling Address  PAC Source  Malling Address  PAC Source  Malling Address  PAC Source  City, State, Zip Code  Description Required  Occupation (Required)  Other (please specify)  Full name  Malling Address  Malling Address  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
CANTO	C. Source Corporation PAC Individual Loan  Other (please specify)  Malling Address  PAC State, Zip Code  And PAC State, Zip Code  City, State, Zip Code  Occupation [Required]  Occupation [Required]  Other (please specify)  Full name  Other (please specify)  Mailing Address  City, State, Zip Code  Mailing Address  City, State, Zip Code  Mailing Address  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
	C. Source Corporation PAC Individual Loan  Other (please specify)  Malling Address  PAC Source  Malling Address  PAC Source  Malling Address  PAC Source  City, State, Zip Code  Description Required  Occupation (Required)  Other (please specify)  Full name  Malling Address  Malling Address  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$

_	A A	1		
Name of Candidate or Committee	Childre	A- XV	marker	
Reporting period 3/30/19	throu	ah <u>4</u> /	12/14	
广广	N/117 E F	PÉ	CEID1	r Q

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name  Owight Vtz.	型/型/型	\$ 500.00
Mailing Address 1/2 Sherwood Drive		\$
City, State, Zip Code  January MS 3921h		\$
Warne of Employer (Required)		\$
Occupation (Required)  Bridge Enginee	Aggregate year-to-date	\$ 7,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name.	E/ / SZ / Z4/	\$ 300.00
Mailing Address		\$
3946 Hza/la Dr. City, State, Zip Code		
John Ms 39206		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
C. Source Corporation PAC Individual Loan	_	Amount of each
	Date (Mo., Day, Year)	
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  1990 Please Ad-	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  La herer, PAC  Mailing Address  City, State, Zip Code	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Malling Address  I 90 Please Ad-  City, State, Zip Code  Lower MS 39203-234	Date (Mo., Day, Year)  2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	Amount of each receipt this period  \$ 2000** \$ 5
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Manager' Laborer, PAC  Mailing Address  City, State, Zip Code  City, State, Zip Code  Manager Manager (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 2000 \$ \$ Amount of each
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Malling Address  I 90 Plant An  City, State, Zip Code  Lawr Ms 39263 - 234  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	Amount of each receipt this period  \$ 2000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Market Laborer PAC  Mailing Address  City, State, Zip Code  Coty, State, Zip Code  Mame of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Market L. Docking JK	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 2000 \$ \$ Amount of each receipt
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  1990 Please And  City, State, Zip Code  Lawro MS 39243 234  Mame of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC individual Coan  Other (please specify)  Full name  Halbert E. Jocking JK  Mailing Address  6520 Property View Jocking Coat S	Date (Mo., Day, Year)	Amount of each receipt this period  \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  I TO Please And  City, State, Zip Code    Mame of Employer (Required)    D. Source: Corporation PAC Individual Coan    Other (please specify)  Full name    Mailing Address     Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 2000 \$ \$ Amount of each receipt this period  \$ 300.00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Cother (Required)  D. Source: Corporation PAC Individual Coan  Other (please specify)  Full name  Address  Address  City, State, Zip Code  Composition PAC Individual Coan  Other (please specify)  Full name  Address  City, State, Zip Code  City State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 2000 \$ \$ Amount of each receipt this period  \$ 300.00
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  I 70 Please April 234  Mame of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Coan  Other (please specify)  Full name  Address  6520 Property View Parking Mailing Address  City, State, Zip Code  Support View Parking Mailing Address  City, State, Zip Code  Coty, State, Zip Code  Coty	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 2000 \$ \$ Amount of each receipt this period  \$ 300.66 \$

Page	7	of 3
rage	L_	المريكان OI

receipt

this period

300 + 00

300 a 0 D

Amount of each

receipt

this period

\$ 750.00

750.00

Amount of each

receipt

this period

460.00

900,00

\$

\$

\$

\$

\$

\$

\$

\$

Date

(Mo., Day, Year)

Aggregate

year-to-date

Date

(Mo., Day, Year)

Aggregate

year-to-date

Date

(Mo., Day, Year)

Aggregate

year-to-date

1.301 ZY

Name of Candidate or Committee Char A. Armshay Reporting period 3/30/14 through 4/62/14  ITEMIZED RECEIP	_	Page T of 3
A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Owns Man PUC	12124	\$ 500.00
Mailing Address		\$
City, State, Zip Code  Ladrom M. 37245		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each

Other (please specify)

C. Source Corporation PAC Individual

D. Source: Corporation PAC individual Loan

98 म Hd St 8dy मा

Other (please specify)

Other (please specify)

Full name

Mailing Address

1435 Fin City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Unbornen

michae Mailing Address

580 moh City, State, Zip Code

Grow Klin Name of Employer (Required)

Occupation (Required)

Athrne

StiF

Full name

Mailing Address

ame of Employer (Required)

Occupation (Required)

a Lived

Full name

Page	70	of	33
I ago	<u> </u>	U.	2

Name of Candidate or Committee
Reporting period 3/90/14 through 4/12/19
TEMIZED RÉCÉIPTS

Council Comporation   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   PAC   Individual   Loan   Date (Mo., Day, Year)   Substitute   PAC   Individual   Loan   Date (Mo., Day, Year)   PAC   PAC   Individual   Loan   Date (Mo., Day, Year)   PAC   Individual   Loan   Date (Mo., Day, Year)   PAC   PAC   Individual   Loan   Date (Mo., Day, Year)   PAC   Individual   Loan   Date (Mo., Day, Year)   PAC   PAC		,	
Full name    Sab is for			
Salaba   S		(No., Day, rear)	this period
Still Brown St Sk. f   Still Brown Still Brown St Sk. f   Still Brown Still Brown St Sk. f   Still Brown Still Brown Still Brown St Sk. f   Still Brown Still Brow	Sabiston Consultants (16		\$ 500.00
Name of Employer (Required)	501 Boson St Ste. F		\$
Name of Employer (Required)			•
Occupation (Required)  B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  City, Stato, Jip Code  Other (please specify)  Name of Employer (Required)  C. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  City, Stato, Jip Code  Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  City, Stato, Jip Code  Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  City, Stato, Jip Code  Corporation PAC Individual Loan Date (Mo., Day, Year)  City, Stato, Jip Code  Corporation PAC Individual Loan Date (Mo., Day, Year)  Cocupation (Required)  Cocupation	New orleans, LA 70/12		Ψ
B. Source: Corporation PAC Midividual Loan Date (Mo., Day, Year) Other (please specify)  Full name    City State, Zip Code   Corporation PAC   Individual   Loan   Date (Mo., Day, Year)			\$
Other (please specify)  Full name    Mo., Day, Year)   receipt this period			\$ 500.00
Other (please specify)    (Mo., Day, Year)   Frecipt this period	B. Source: Corporation PAC Individual Loan	Dato	Amount of each
Malling Address	Other (please specify)		
Milling Address  # / / 2 favoring # City, State, Zip Code	Full name	P 7 74	6 3 - 51
City, State, Zip Code    Journal H	James Umite	4/2/4	* L501/1
City, State, Zip Code    June 1	/		\$
Name of Employer (Required)  Self  C. Source   Corporation   PAC   Individual   Loan   Date receipt this period  Full name  Malling Address   I 970 42   Individual   Loan   Date receipt this period  City, State, Zip Code   Corporation   PAC   Individual   Loan   Date receipt this period  Full name  Malling Address   I 970 42   I   I   Suppose the second of the sec	City, State, Zip Code		<b>t</b>
Occupation (Required)  Occupation [ Required]  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  Occupation (Required)  Other (please specify)  Malling Address  [ 0 70 2 Cronbrank Kd.  City, State, Zip Code  Jame Specify Specific Corporation PAC Individual Loan Date (Mo., Day, Year)  Occupation (Required)  Aggregate year-to-date  Amount of each receipt this period  Aggregate year-to-date  Aggregate year-to-date  Other (please specify)  Full name  Other (please specify)  Mailing Address			<u> </u>
year-to-date   251110	501-		\$
C. Source Corporation PAC Individual Loan Date  Other (please specify)  Mailing Address  I 0 10 2 Cronbrook Kd.  City, State, Zip Code  Aggregate  Pagregate  Year-to-date  Aggregate  Year-to-date  Amount of each receipt this period  I 1 2 1 4 \$ 500.00  Amount of each receipt This period  Aggregate  Year-to-date  Aggregate  Year-to-date  Amount of each receipt This period  I 1 1		Aggregate	\$ 200 06
Other (please specify)  Full name  (Mo., Day, Year)  Full name  Occupation (Required)  Aggregate year-to-date  Other (please specify)  Full name  Other (please specify)  Mailing Address  Full name  (Mo., Day, Year)		year-to-date	* ~ 0 , V ()
Malling Address    1			receipt
Mailing Address  City, State, Zip Code	Full name	Z7 , 173 , 1734	A (A)
City, State, Zip Code    Journal   Same of Employer (Required)   Jane   Same of Employer (Required)   Jane   Same of Employer (Required)   Jane   Same of Employer (Required)   Same of Employer (Mo., Day, Year)   Same of Employer (Mo., Day,			* 500.00
City, State, Zip Code    1	Mailing Address		\$
Name of Employer (Required)  Self  Occupation (Required)  Adagregate year-to-date  Other (please specify)  Full name  Amount of each receipt this period  Full name  A	CATORIO CATORIO		
Name of Employer (Required)  Self  Occupation (Required)  Aggregate year-to-date  Date (Mo., Day, Year)  Full name  Full name  Amount of each receipt this period			s
Occupation (Required)  Aggregate year-to-date  Date (Mo., Day, Year)  Full name  Amount of each receipt this period  Fu		= '= '=	<u> </u>
Aggregate year-to-date  D. Source: Corporation PAC Individual Loan Date Other (please specify)  Full name  Mailing Address  If Grand Way Pazh Unit 17504  City, State, Zip, Code  770 46  Aggregate year-to-date  \$ Sit ID  Amount of each receipt this period  ### ### ### ### ####################			\$
Year-to-date   Year-to-date   Date   Other (please specify)		Aggregate	
Date Other (please specify)  Full name  Mailing Address  City, State, Zip, Code  Corporation PAC Individual Loan Date (Mo., Day, Year)  Amount of each receipt this period  Factor Pace Way Pace Unit 17504  City, State, Zip, Code  Corporation PAC Individual Loan Date (Mo., Day, Year)  Amount of each receipt this period  Full name  City, State, Zip, Code			\$ 514.40
Other (please specify)  Full name  Atural State			
Malling Address  15 Green Way Plaze Unit 175041	Other (please specify)	(Mo., Day, Year)	
Mailing Address  15 Green Way Plazo Unit 175041  City, State, Zip, Code  Lawrence 1 770 46  Lawrence 1 770 4	Full name	4 2 74	¢ (2) = (2/2)
City, State, Zip, Code  City, State, Zip, Code  City State, Zip, Code			250.VD
City, State, Zip Code  770 46 SW313 Agricultural States St			\$
Name of Employer (Required)  Occupation (Required)  Occupation (Required)  Aggregate year-to-date  \$ 250.00	City, State, Zip Code		\$
Occupation (Required)  Aggregate year-to-date  Aggregate year-to-date	Name of Employer (Required)		\$
Aggregate year-to-date	Occupation (Required)		
		A	A

Name of Candidate or Committee Quelly Communities Inc.
Reporting period 3/70/14 through 4/12/14
1TEMIZED RÉCEIPTS

A. Source: PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Purply Community In	# 1 /	\$ 1,000
3610 DeKalb Technology PKVL Sale 165		\$
Affanta DA 30340		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 100000
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full pame Kut Warnits	41014	\$ 4000
Mailing Abdress Pro But 1/23		\$
City, State, Zip Gode		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 40800
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Work mick and Associates Ul	型型型	\$ / 000
Mailing Address  Para 1623		\$
City, State, Zip Code  Carry, MS 39046		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ /000
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full pames Andrew Lenkins	里,四,四	\$ 5,606
Mailing Address, Meadow Ad		\$
City, State, Zip Code  Flym, May 3907/SW 1405/1371		\$
Name of Employer (Required)		\$
Occupation (Required)  OCCUPATION OF THE STUDY TO	Aggregate year–to-date	\$ 5000

Dogo	14 of	33
rage	01	کےل

	F	age 4 of 132
Name of Candidate or Committee	1	
Reporting period 3/30//4 through 4/12//4		
/ITEMIZED RECEIP	TS .	
	10	
A. Source: Corporation PAC 4-mdividual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	77 . 771 . 772	
you to the dall	# 100 100	\$ 2,000
Mailing Address		\$
City, State, Zip Code		
medarn, m5 39110-6517		\$
Name of Employer (Reguired)		<u> </u>
Jel -engled		\$
Occupation (Required)	Aggregate year-to-date	\$ 2000
B. Source: Corporation PAC 4 Individual Loan	year-to-date	Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full names W. Alpendera	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 300.00
Mailing Address		
2511 Harrist An		\$
Cityn State, Zip Code		
Ja sporm MS 3 720 9		\$
Name of Employer (Required)		\$
Occupation (Required)		<u> </u>
Cortial	Aggregate year–to-date	\$ 300.00
C. Source Corporation PAC Individual Loan		Amount of each
O4har (-t 16 )	Date (Mo., Day, Year)	receipt
Other (please specify)	(1110.1, 24), 1041)	this period
Full name		\$ 2000
Mailing Address	<del></del>	
P.O. BO 1- 22625		\$
City, State, Zip Code		\$
Jackym Mrs 39225 - 2625		
Name of Employer (Required)  5217 - Indiana,		\$
Occupation (Required)	Aggregate	\$ 7 0° M's
Injunete	year-to-date	\$ 2,500
D. Source: Corporation PAC Lindividual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	412174	· · · · · ·
Johns A. Talls		\$ 250.00
Mailing Address 15123 OHtman Bridge Ch	$\square$ / $\square$ / $\square$	\$
City, State, Zip Code /		
Si - 2/2 / 77 77 49V CW		\$
Name of Employer (Required)  Set - Lyche  Occupation (Required)  Prunit  OF: 14		4
(101)	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 250.00

Page	13	of	33
			=

Name of Candidate or Committee [ [ Like ] F. Kunner	•	ago <u> </u>
Reporting period 4/30/14 through	_	
1TEMIZED RÉCEIP	TS	
A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Acm in	213/1/4	\$ /00.10
Malling Address  XIX Linguist O Ave. Sk. XII		\$
City, State, ZIp Code  New Orleans LA 70113		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
	year-to-date	\$ 1,000
B. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Brant Land + Drawks UC	型区理	\$ 500.00
Mailing Address  (LS 25 Jun 84 W	$\square$ / $\square$ / $\square$	\$
Fernan LA 71334		\$
Name of Employer (Required)		\$
Occupation (Regulred)	Aggregate year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Plengit Cow FIRM	图/2/图	\$ 350,00
Mailing Address 1		\$
City, State, Zip Code  Lucian Th 770 56		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 350.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Suth Cam FIRM	田园田	\$ (300.00
Mailing Address 2421 Bussem & H. 499HOSXJVI		\$
City, State, Zip Code  The The Total		\$
Name of Employer (Required)  Occupation (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee Charle &. Zimmenter	]	
Reporting period 3/30/14 through 4/2/19	]_	
ÍTEMIZED RÉCEIP	TS	
A. Source: Corporation PAC Intividual Loan		A
	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	this period
yours monther Dylas	4214	\$ 10000
53/8 Collars Road,		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
SRIF Occupation (Required)		
HADLUST LEAGUED	Aggregate year-to-date	\$ 1081 10
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name / Andrew	41214	\$ 7,000
Mailing Address 20 (19) Invariant Golden Dr.		\$
City, State, Zip Code		\$
Name of Employer (Required)		
50/		\$
5617		· ·
Occupation (Required)	Aggregate year-to-date	\$ 4000
	year-to-date	17000
Occupation (Required)		\$ //000  Amount of each receipt this period
Occupation (Required)  C. Seurce Corporation PAC Individual Loan  Other (please specify)	year-to-date Date	Amount of each receipt this period
Occupation (Required)  C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  ASS IN 1. On 724/16	year-to-date Date	Amount of each receipt
Occupation (Required)  C. Seurce Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address	year-to-date Date	Amount of each receipt this period
Occupation (Required)  C. Seurce Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  O Box 3424  City, State, Zip Code	year-to-date Date	Amount of each receipt this period
Occupation (Required)  C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Aus In J. Conzulle  Mailing Address  Plant 3424  City, State, Zip Code	year-to-date Date	Amount of each receipt this period
Occupation (Required)  C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Aus In J. Conzulle  Mailing Address  City, State, Zip Code  Under (Required)  Name of Employer (Required)	year-to-date Date	Amount of each receipt this period
Occupation (Required)  C. Seurce Corporation PAC Individual Loan  Other (please specify)  Full name  Australia  Mailing Address  Full part 3424  City, State, Zip Code  Under (Required)  Self  Occupation (Required)  Address	year-to-date Date	Amount of each receipt this period  \$ \( \mathcal{D} \tilde{\mathcal{D}} \tilde{\mathcal{D}} \tilde{\mathcal{D}} \)
Occupation (Required)  C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Australia  Mailing Address  Mailing Address  City, State, Zip Code  Under (Required)  Occupation (Required)	year-to-date  Date (Mo., Day, Year)  L / L / L  J L Aggregate year-to-date	Amount of each receipt this period  \$ \int DO VD  \$ \int SOLV D  Amount of each
Occupation (Required)  C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Ass n	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \int DO VD  \$ \int SOLV D
Occupation (Required)  C. Seurce Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  Port 3424  City, State, Zip Code  Undividual Coan  Name of Employer (Required)  Self  Occupation (Required)  History  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500 00  \$ Amount of each receipt
Occupation (Required)    C. Source   Corporation   PAC   Individual   Loan     Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \mathcal{D} \tilde{U} \tilde{U} \)  \$ \( \mathcal{S} \tilde{U} \tilde{U} \)  Amount of each receipt this period  \$ \( \mathcal{L} \tilde{U} \tilde{U} \)
Occupation (Required)  Other (please specify)  Full name  Mailing Address  Occupation (Required)  Self  Occupation (Required)  Self  Occupation (Required)  History  Occupation (Required)  Full name  Other (please specify)  Full name  Self  October (please specify)  Full name  Self  October (please specify)  Mailing Address  Mailing Address	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500 00  \$ Amount of each receipt this period
Occupation (Required)  Other (please specify)  Full name  Mailing Address  Process  City, State, Zip Code  What Address  Occupation (Required)  Stiff  Occupation (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  Mailing Address  Mailing Address  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \mathcal{D} \) \( \mathcal{V} \) \( \mathca
Occupation (Required)  Other (please specify)  Full name  Mailing Address  Process  City, State, Zip Code  What Address  Occupation (Required)  Stiff  Occupation (Required)  Occupation (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  Mailing Address  Mailing Address  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \mathcal{D} \mathcal{V} \mathcal{D} \)  \$ \( \mathcal{S} \mathcal{V} \mathcal{D} \)  Amount of each receipt this period  \$ \( \alpha \mathcal{D} \mathcal{D} \mathcal{D} \)  \$ \( \mathcal{D} \mathcal{D} \mathcal{D} \)
Occupation (Required)  Other (please specify)  Full name  As In Survey  Mailing Address  Post 3424  City, State, Zip Code  Discouration (Required)  State  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  State (right (and))  Mailing Address  Other (please specify)  Full name  State (right (and))  Mailing Address  City, State, Zip Code  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \( \sigma D \) \( \text{VD} \) \( \text{SUFF} \) \( \text{Amount of each receipt this period} \)  \$ \( \sigma D \) \( \text{SUFF} \) \(

Name of Candidate or Committee Chilare A. Jumba	
Reporting period 3/30/19 through 4/2/14	
ITEMIZED RECEIPTS	,

A. Source: Corporation PAC Individual Loan	<del></del> : [	A 4 - 5 b
A. Source: Corporation PAC Andividual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	4 111 174	\$ 2 mc/100
Charlatte Reins	744	\$ 2,000
Malling Address		\$
Pev. 6 1-23278		<u> </u>
City, State, Zip Code		\$
Janhora MS 37225 · 3278		,
Same of Employer (Required)		\$
Occumulab (Paguired)	Aggregate	
Ked Estali Bross/42	year-to-date	\$ 2501
B. Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	41612	\$ 242.45
Lee Bush II	<u> </u>	* 274.
Mailing Address	41212	\$ 727 95
432 Buena		* 1/2/_ 25
City, State, Zip Code		\$
		•
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
	year-to-date	
C. Source Corporation PAC Individual Loan	Date	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, Year)	
Other (please specify)		receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period  \$ 720.70
Other (please specify)  Full name  Many Sci Sci Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Mary Sci Sti  Mailing Address	(Mo., Day, Year)	receipt this period  \$ 770.70
Other (please specify)  Full name  Mary Sci Sti  Mailing Address  I 4 N 8 4 4 Zoi Du Bra frice  City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 720.70
Other (please specify)  Full name  Many Sci gli  Mailing Address  14N844 Zoi Di Bratrice	(Mo., Day, Year)	receipt this period  \$ 770.70
Other (please specify)  Full name  Mary Sci St.  Mailing Address  14N844 Zai Du Brafrice  City, State, Zip Code  Was Dumle, I   60118	(Mo., Day, Year)	receipt this period  \$ 770.70
Other (please specify)  Full name  Mary Sci Sty  Mailing Address  14N844 Zai Du Brafrice  City, State, Zip Code  Was Dumle, I   60118	(Mo., Day, Year)	receipt this period  \$ 720. 70  \$
Other (please specify)  Full name  Mary Sci Sti  Mailing Address  I HW 8 44 Zoi Du Bra frice  City, State, Zip Code  Wad Dumle, I   60118  Name of Employer (Required)  Occupation (Required)	(Mo., Day, Year)	receipt this period  \$ 770.70
Other (please specify)  Full name  Mary Sci Sci  Mailing Address  I 4N 8 44 Zoi Du Bratice  City, State, Zip Code  Wat Dumle, I boil8  Name of Employer (Required)  Occupation (Required)	(Mo., Day, Year)   // / / / /  // /  // /  Aggregate year-to-date	receipt this period  \$ 720.70  \$
Other (please specify)  Full name  Many Sci gli  Mailing Address  I H N & H H Zoi Di Bra frice  City, State, Zip Code  Wad Dumlie, I   60) 18  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	(Mo., Day, Year)	receipt this period  \$ 770.70  \$ 4 Amount of each receipt
Other (please specify)  Full name  Mary Sci Sti  Mailing Address  I 4N 8 44 Zoi Du Bra frice  City, State, Zip Code  Wad Dumlie, I	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 720.70  \$
Other (please specify)  Full name  Many Sci St.  Mailing Address  I HN 8 44 Zei Du Bra frice  City, State, Zip Code  Was Dumie, T. 60 18  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  Aggregate year-to-date  Date	receipt this period  \$ 770.70  \$
Other (please specify)  Full name  Many Sci St.  Mailing Address  I HN 8 44 Zei Du Bra frice  City, State, Zip Code  Was Dumie, T. 60 18  Name of Employer (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  Many Bring  Full name	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 770.70  \$
Other (please specify)  Full name  Many Sci Sci  Mailing Address  City, State, Zip Code  Was Dumit, I	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 770.70  \$
Other (please specify)  Full name  Mailing Address  I 4 N 8 4 4 Zei Di Bia frice  City, State, Zip Code  Was Dumle, T 6018  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  38 Kelleng V.  City, State, Zip Code 9 a	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 70.70  \$
Other (please specify)  Full name  Mailing Address  I AN 8 44 Zoi Du Be trice  City, State, Zip Code  Was Dunki, I   60   18  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Menner Bowice  Mailing Address  38 Kefferin Ur  City, State, Zip Code 9  Wash Thurston MO 2077 (1903)	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 70.70  \$
Other (please specify)  Full name  Many Sci yle  Malling Address  I HN 8 44 Zei. Dx Bratrice  City, State, Zip Code  Wad Dunie, I   60   18  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Manuel Buriel  City, State, Zip Code  City, State, Zip Code  Masser mulling mo 2077 for the State of	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 720.70  \$ Amount of each receipt this period  \$ 242.45  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  Many Sci yle  Malling Address  I HN 8 44 Zei. Dx Bratrice  City, State, Zip Code  Wad Dunie, I   60   18  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Manuel Buriel  City, State, Zip Code  City, State, Zip Code  Masser mulling mo 2077 for the State of	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 70.70  \$
Other (please specify)  Full name  Mailing Address  I AN 8 44 Zoi Du Be trice  City, State, Zip Code  Was Dunki, I   60   18  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Menner Bowice  Mailing Address  38 Kefferin Ur  City, State, Zip Code 9  Wash Thurston MO 2077 (1903)	(Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ 720.70  \$ Amount of each receipt this period  \$ 242.45  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$