SEND TO:

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS

				JUN 1 0 201
ddress PO Box 24355		Jackson, MS 3	9 2 25	Campaign Fina
		500		Secretary of St
lephone		Fax		DATE STAMP
ntact NameMr. Terry	Reeves	Email	=	
ice Sought Lieutenar	nt Governor	Po	olitical Party	
Chack here if shows	is different from previo	ue rapart		
Circuit field it above	is different from provid		REPORT	
May 9, 2045 Dariodic	c Depart / Innuary 1			Mandatory
				Mandatory
				Mandatory
July 10, 2015 Period	sction Deport / July 1	2015 through Julie 30, 2	.013)	Mandatory
July 20, 2015 Fie-Ele	ection Report (July 1,	2015 through July 25,	All I	Mandatory Primary Candidates and Political Committees
August 18, 2015 Pre October 9, 2015 Peri	-Election Report (July odic Report (July 1, 2	v 26, 2015, through Au 2015, through Septemb	gust 15, 2015) Il Primary Candidates and er 30, 2015)	Runoff Candidates Only Political Committees in a Runoff Election Mandatory
				Mandatory
(Primary Election Winners)				All Cendidates and Political Committees
(Independent Candidates n	eport January 1, 2015 throu	igh October 2015		Mandatory
Tormination Depart	Condidate will be lose	1, 2015, through Dece	mber 31, 2015)	nd Political Committees in a Runoff Election Mandatory
Termination Report (Candidate will no long	ger accept contributions ding campaign debt ob	mber 31, 2015) s or make ligation)	Mandatory Required to terminate reporting obligations
Termination Report (campaign expenditure	Candidate will no long is and has no outstan	per accept contributions ding campaign debt ob IMPORTAN	mber 31, 2015) s or make ligation) t <u>r</u>	Mandatory Required to terminate reporting obligations
Termination Report (campaign expenditure Pre-Election reports are many	Candidate will no long is and has no outstan latory, even if no contribu	per accept contributions ding campaign debt ob IMPORTAN	mber 31, 2015) s or make ligation) <u>rr</u> occurred. In such cases	Mandatory Required to terminate reporting obligations
Termination Report (campaign expenditure Pre-Election reports are mane mit a report indicating "(Until a Candidate filesa Termi 107 (b) (ii) and (iii). The receiving authority must	Candidate will no long is and has no outstan latory, even if no contribu " (Zero) for total amount nation Report, annual and	per accept contributions ding campaign debt ob <u>IMPORTAN</u> tions or expenditures have of reported contributions as periodic reports must still required reports by 5:00 p.r	mber 31, 2015)s or make ligation) tr occurred. In such cases and expenditures during to the filed in accordance we are, on the reporting day.	Mandatory Required to terminate reporting obligations the candidate shall this period. with Miss. Code Ann. 23
Termination Report (campaign expenditure Pre-Election reports are mand mit a report indicating "I Until a Candidate filesa Termi 867 (b) (ii) and (iii).	Candidate will no long is and has no outstand has no outstand the same of the contribution (Zero) for total amount of the lin actual receipt of the nust be in actual receipt o	per accept contributions ding campaign debt ob <u>IMPORTAN</u> Ifons or expenditures have of reported contributions and periodic reports must still required reports by 5:00 p.r. fithe required reports by 5:00 p.r.	mber 31, 2015)s or make ligation) IT occurred. In such cases and expenditures during to be filed in accordance we men, on the reporting day.	Mandatory Required to terminate reporting obligations , the candidate shall this period. with Miss. Code Ann. 23 If the deadline falls on ing day before the
Termination Report (campaign expenditure Pre-Election reports are mane mit a report indicating "(Until a Candidate filesa Termi 107 (b) (ii) and (iii). The receiving authority must	Candidate will no long is and has no outstand has no outstand the same of the contribution (Zero) for total amount of the lin actual receipt of the nust be in actual receipt o	per accept contributions ding campaign debt ob <u>IMPORTAN</u> tions or expenditures have of reported contributions and periodic reports must still required reports by 5:00 p.r. fithe required reports by 5:00 D. CONTRIBUTIONS	mber 31, 2015)s or make ligation) IT occurred. In such cases and expenditures during to be filed in accordance we men, on the reporting day.	Mandatory Required to terminate reporting obligations , the candidate shall this period. with Miss. Code Ann. 23 If the deadline falls on ing day before the
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Termination Report (campaign expenditure) Pre-Election reports are mane off a report indicating "I Until a Candidate filesa Termi 307 (b) (ii) and (iii). The receiving authority must be okend or a holiday, the office office of a mount of contributions	Candidate will no long is and has no outstan- latory, even if no contribu " (Zero) for total amount nation Report, annual and be in actual receipt of the nust be in actual receipt o REPORTE Itemized + No	per accept contributions ding campaign debt ob <u>IMPORTAN</u> Ifons or expenditures have of reported contributions and periodic reports must still required reports by 5:00 p.s. f the required reports by 5:00 p.s. the required reports by 5:00 D CONTRIBUTIONS n-itemized = + \$10,408.00	mber 31, 2015)s or make ligation) IT occurred. In such cases and expenditures during the filed in accordance with the filed in accordance with the first work AND DISBURSEN This Period	Mandatory Required to terminate reporting obligations , the candidate shall this period. with Miss. Code Ann. 23 If the deadline falls on ing day before the MENT Calendar Year-To-Date \$558,559.13
Termination Report (campaign expenditure) Pre-Election reports are mane of the report indicating "(Until a Candidate filesa Terminator (b) (ii) and (iii). The receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday.	Candidate will no long is and has no outstand that no outstand that outstand the contribution of the calculation of the calcula	per accept contributions ding campaign debt ob IMPORTAN If one or expenditures have of reported contributions and periodic reports must still required reports by 6:00 p.r. f the sequired reports by 6:00 p.r	mber 31, 2015)s or make ligation) IT occurred. In such cases and expenditures during the filed in accordance with the filed	Mandatory Required to terminate reporting obligations i, the candidate shall this period. with Miss. Code Ann. 23 If the deadline falls on ing day before the MENT Calendar Year-To-Date
Termination Report (campaign expenditure) Pre-Election reports are mane of the report indicating "(Until a Candidate filesa Terminator (b) (ii) and (iii). The receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday, the office of the receiving authority must be executed or a holiday.	Candidate will no long is and has no outstands and has no outstands and provide the contribution of the co	per accept contributions ding campaign debt ob IMPORTAN tions or expenditures have of reported contributions at periodic reports must still required reports by 5:00 p.r. f the required reports by 5:00 p.r. f the required reports by 5:00 p.r. f the sequired sequire	mber 31, 2015)s or make ligation) IT occurred. In such cases and expenditures during the filed in accordance with the reporting day. It is Period \$282,458.00 \$75,379.43	Mandatory Required to terminate reporting obligations the candidate shall this period. with Miss. Code Ann. 23 If the deadline falls on ing day before the MENT Calendar Year-To-Date \$558,559.13
Termination Report (campaign expenditure) Pre-Election reports are mane of the report indicating of the campaign of the campaign of the campaign of the receiving authority must be controlled or a holiday, the office of the campaign of t	Candidate will no long is and has no outstands and has no outstands and provide the contribution of the control	per accept contributions ding campaign debt ob IMPORTAN tions or expenditures have of reported contributions at periodic reports must still required reports by 5:00 p.r. f the required reports by 5:00 p.r. f the required reports by 5:00 p.r. f the sequired sequire	mber 31, 2015)s or make ligation) IT occurred. In such cases and expenditures during the filed in accordance with the reporting day. It is Period \$282,458.00 \$75,379.43	Mandatory Required to terminate reporting obligations In the candidate shall this period. If the deadline falls on ing day before the MENT Calendar Year-To-Date \$558,559.13 \$282,568.85
Termination Report (campaign expenditure) Pre-Election reports are mane of the analysis of the report indicating "it and the analysis of the receiving authority must be seen or a holiday, the office of a mount of contributions at amount of disbursements at amount of cash on hand amount of cash on hand	Candidate will no long and has no outstand the same and has no outstand the same and	per accept contributions ding campaign debt ob IMPORTAN tions or expenditures have of reported contributions at periodic reports must still required reports by 5:00 p.r. f the required reports by 5:00 p.r. f the required reports by 5:00 p.r. f the sequired sequire	mber 31, 2015)s or make ligation) tr occurred. In such cases and expenditures during the filed in accordance with the filed	Mandatory Required to terminate reporting obligations In the candidate shall this period. If the deadline falls on ing day before the MENT Calendar Year-To-Date \$558,559.13 \$282,568.85

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

1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections

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Name of Candidate	or Committee
Reporting Period	05/01/2015

through 05/31/2015

Source: Corporation PAC Individuel Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 27-55 Fuel Plaza LLC	05/31/2015	\$1,000.00
Mailing Address 26171 Hwy 27		
City, State, Zip Code Crystal Springs, MS 39059-8742		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each roceipt this period
Full Name Mr. Phil Abernethy	05/13/2015	\$1,000.00
Mailing Address 137 Eastpointe Circle		
City, State, Zip Gode Madison, MS 39110-7850		
Name of Employer (Required) Butter Snow		
Occupation (Required) Afforney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name AC Farms LLC Mailing Address	(Mo., Day, Year)	receipt this period
TOther (please specify) Full Name AC Farms LLC Mailing Address P.O. Box 6717 City, State, Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Differ (please specify) LLC LLC LLC LLC LLC LLC LLC AC Farms LLC P.O. Box 6717 Specify Jackson, MS 39282-6717	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name AC Farms LLC Mailing Address P.O. Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Occupation (Regulred) Source: Corporation PAC Individual Loan Cher (please specify)	(Mo., Day, Year) 05/13/2015 Aggregate	receipt this period \$1,000.00
Tother (please specify) Full Name AC Farms LLC Mailing Address P.O. Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Occupation (Regulated) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify) Full Name AC Farms LLC Mailing Address P.O. Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Occupation (Regulated) Source: Corporation PAC Individual Loan Cother (please specify) Lite	(Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name AC Farms LLC Mailing Address P.O. Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Occupation (Regulated) Source: Corporation PAC Individual Loan Other (please specify) LLP Mailing Address Mailing Address	(Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name AC Farms LLC Mailing Address P.O. Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Occupation (Regulred) Source: Corporation PAC Individual Loan Other (please specify) Full Name Adams & Reese LLP Mailing Address 1018 Highland Colony Pkwy	(Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name AC Farms LLC Mailing Address P.O. Box 6717 City, State, Zip Code Jackson, MS 39282-6717 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Cher (please specify) Full Name Adams & Reese LLP Mailing Address 1018 Highland Colony Pkwy City, State, Zip Code Ridgeland, MS 39157-2060	(Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of	Candidate	or '	Committee
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Reporting Period 05/01/2015

through _

05/31/2015

Source: Corporation D PAC D Individual D Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Chris Anderson	05/20/2015	\$1,000.00
Malling Address 1225 N State Street		
City, State, Zip Code Jackson, MS 39202-2064		
Name of Employer (Required) Baptist Health Systoms		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reuben Anderson	05/20/2015	\$500.00
Mailing Address PO Box 290		
City, State, Zlp Code Jackson, MS 39205-0290		
Name of Employer (Required) Phelps Dumbar, LLP		
Occupation (Required)	Aggregate	4-00.00
Senior Partner	Year-to-date	\$500.00
Senior Partner Source: Corporation PAC Individual Loan Other (please specify)		Amount of each receipt this period
Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Senior Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name AstraZeneca	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Senior Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name AstraZeneca Mailing Address 4274 Raleigh Way City State Zin Code	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Senior Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name AstraZeneca Mailing Address 4274 Raleigh Way City, State, Zip Gode Tallahassoo, FL 32311-3336	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Senior Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name AstraZeneca Mailing Address 4274 Raleigh Way City, State, Zip Code Tallahassoo, FL 32311-3336 Name of Employer (Regulred)	Year-to-date Date (Mo., Day, Year) 05/24/2015 Aggregate	Amount of each receipt this period \$1,000.00
Senior Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name AstraZeneca Mailing Address 4274 Raleigh Way City, State, Zip Code Tallahassoo, FL 32311-3336 Name of Employer (Regulred) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 05/24/2015 Aggregate Year-to-date Date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Senior Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name AstraZeneca Mailing Address 4274 Raleigh Way City, State, Zip Code Tallahassoo, FL 32311-3336 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year) 05/24/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Senior Partner Source: Corporation	Year-to-date Date (Mo., Day, Year) 05/24/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Senior Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name AstraZeneca Mailing Address 4274 Raleigh Way City, State, Zip Code Tallahassoo, FL 32311-3336 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Baker Services Mailing Address PO Box 6717	Year-to-date Date (Mo., Day, Year) 05/24/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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05/31/2015	

Reporting Period 05/01/2015

ITEMIZED RECEIPTS

through

Source: Corporation PAC Individual Loan Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BankPlus PAC for Responsible Government	05/21/2015	\$5,000,00
Mailing Address 1068 Highland Colony Pkwy		¥-17
City, State, Zip Code Ridgeland, MS 39157-8807		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baptist Adult Day Care	05/11/2015	\$1,000.00
Mailing Address 6 Neshaminy Interplex	1	···
City, State, Zip Code Feasterville Trevose, PA 19053-6964		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recoipt this period
Full Name Mr. Ryan Beckett	05/08/2015	\$1,000.00
Mailing Address 4166 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6520		
Name of Employer (Required) Butter Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny A Belk	05/14/2015	\$500.00
	- · · · · · · · · · · · · · · · · · · ·	
Meiling Address 7409 Attala Road 5053		
Meiling Address 7409 Attala Road 5053 City, State, Zip Code Etfiel, MS 39067-5692		
7409 Attala Road 5053 City State Zip Code		

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Name of Candidate or Committe	e
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Reporting Period

Friends Of Tate Reeves

05/01/2015 through

through ____05/31/2015

Source: Corporation PAC C Individual Loan	Dato (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		triis period
Full Name Jonathan Bell	05/13/2015	\$1,000.00
Mailing Address 4513 9th Avenue		
City, State, Zip Code Meridian, MS 39305-2815		
Name of Employer (Required) Vital Care		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benefit Administration Services, LTD.	05/23/2015	\$1,000.00
Mailing Address 613 Crescent Cir Ste 201		
Gity, State, Zip Code Ridgeland, MS 39157-8686		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Ecan		Amount of each
Source: Corporation LI PAC LI Individuel Li Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
_	1 '''	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name BFM Corporation Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name BFM Corporation Mailing Address 534 Williams Blvd City State Zin Code	(Mo., Day, Year)	receipt this period
Officer (picase specify) Full Name BFM Corporation Mailing Address 534 Williams Blvd City, State, Zip Code Kenner, LA 70062-7672	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name BFM Corporation Mailing Address 534 Williams Blvd Gity, State, Zip Code Kenner, LA 70062-7672 Name of Employer (Required)	(Mo., Day, Year) 05/19/2015 Aggregate	receipt this period \$1,000.00
Other (picase specify) Full Name BFM Corporation Mailing Address 534 Williams Blvd City, State, Zip Code Kenner, LA 70062-7672 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name BFM Corporation Mailing Address 534 Williams Blvd Gity, State, Zip Code Kenner, LA 70062-7672 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Officer (please specify) Full Name BFM Corporation Mailing Address 534 Williams Blvd Gity, State, Zip Code Kenner, LA 70062-7672 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name BNSF Railway Company	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Officer (please specify) Full Name □ BFM Corporation Mailing Address □ 534 Williams Blvd Gity, State, Zip Code □ Kenner, LA 70062-7672 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify) Full Name □ BNSF Railway Company Mailing Address □ 5280 E Shelby Drive	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate or Committee	9
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05/01/2015 through _ Roporting Period

05/31/2015

Source: Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Lucien L Bourgeois	05/11/2015	\$1,000.00
Meiling Address 102 Fenwick Circle		
City, State, Zip Code Madison, MS 39110-7782		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation C PAC C Individual C Loan C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janson Durr Boyles	05/18/2015	\$1,000.00
Mailing Address 215 Winged Foot Cir		
City, State, Zip Code Jackson, MS 39211-2530		
Name of Employer (Required) Boyles Moak		
Occupation (Required)	Aggregate	\$1,000.00
Insurance Agent	Year-to-date	\$ 1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC II individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie Bozeman Malifing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie Bozeman Malling Address 770 N West Street City State Zin Code	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie Bozeman Malting Address 770 N West Street City, State, Zip Code Jackson, MS 39202-3017	Date (Mo., Day, Year)	Amount of oach receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie Bozeman Malling Address 770 N West Street City, State, Zip Code Jackson, MS 39202-3017 Name of Employer (Required) Self	Date (Mo., Day, Year) - 05/19/2015	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie Bozeman Malling Address 770 N West Street City, State, Zip Code Jackson, MS 39202-3017 Name of Employer (Required) Self Occupation (Required) Government Relations Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/19/2015 Aggregate Year-to-date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie Bozeman Malling Address 770 N West Street City, State, Zip Code Jackson, MS 39202-3017 Name of Employer (Required) Self Occupation (Required) Government Relations Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) O5/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie Bozeman Malling Address 770 N West Street City, State, Zip Code Jackson, MS 39202-3017 Name of Employer (Required) Self Occupation (Regulred) Government Relations Source: Corporation PAC Individual Loan Other (please specify) Full Name Bracken Heavy Hatel LLC	Date (Mo., Day, Year) O5/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Willie Bozeman Malling Address 770 N West Street City, State, Zip Code Jackson, MS 39202-3017 Name of Employer (Required) Self Occupation (Required) Government Relations Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Bracken Heavy Hatri LLC Meiling Address PO Box 1707 City, State, Zip Code	Date (Mo., Day, Year) O5/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	05/01/2015

Reporting Period

Friends Of Tate Reeves

_ through ___

05/31/2015

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fell Name Brandon Lighting, Inc.	05/26/2015	\$1,000.00
Malling Address PO Box 542		
City, State, Zip Code Brandon, MS 39043-0542		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Endividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. John Brunini	05/27/2015	\$1,000.00
Mailing Address 708 Welford Court		
City, State, Zip Code Madison, MS 39110-7582		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate	\$1,000.00
	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Phillip Buffington	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Phillip Buffington Mailing Address 4001 Roxbury Road	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Phillip Buffington Mailing Address 4001 Roxbury Road City, State, Zip Code Jackson, MS 39211-6350	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Phillip Buffington Mailing Address 4001 Roxbury Road City, State, Zip Code Jackson, MS 39211-6350 Name of Employer (Required) Adams and Reese	Date (Mo., Day, Year) 05/06/2015 Aggregate	receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Phillip Buffington Mailing Address 4001 Roxbury Road City, State, Zip Code Jackson, MS 39211-6350 Name of Employer (Required) Adams and Reese Occupation (Required) Partner Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/06/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Phillip Buffington Mailing Address 4001 Roxbury Road City, State, Zip Code Jackson, MS 39211-6350 Name of Employer (Required) Adams and Reese Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/06/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Phillip Buffington Mailing Address 4001 Roxbury Road City, State, Zip Code Jackson, MS 392 (1-6350) Name of Employer (Required) Adams and Reese Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name Burns Cooley Dennis, Inc.	Date (Mo., Day, Year) 05/06/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Phillip Buffington Mailing Address 4001 Roxbury Road City, State, Zip Code Jackson, MS 392 (1-6350) Name of Employer (Required) Adams and Reese Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name Burns Cooley Dennis, Inc. Malling Address PO Box 12828	Date (Mo., Day, Year) 05/06/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate o	r Committee
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through ____05/31/2015

Reporting Period

05/01/2015

Source: Gorporation PAC G Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	_ (400.1 20.3)	this period
Full Name Mr. Lee R. Bush	05/19/2015	\$1,000.00
Malling Address 432 Buena Vista Avenue		
City, State, Zip Code Jackson, MS 39209-6405		
Name of Employer (Required) National Collection Systems		
Occupation (Regulred) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC I individual I Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C-REALOB, LLC	05/01/2015	\$1,000.00
Mailing Address 2510 14th Street, Suite 1425		
City, State, Zip Code Gulfport, MS 39501-1912		
Name of Employer (Required)		
Decupation (Required)	Aggregate	\$1,000.00
	Year-to-date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each roceipt this period
·	Date	roceipt
Other (please specify)	Date (Mo., Day, Year)	roceipt this period
☐ Other (please specify) Full Name Phyllis Y. Cade Mailing Address	Date (Mo., Day, Year)	roceipt this period
☐ Other (please specify) Full Name Phyllis Y. Cade Mailing Address 177 Phillips Hill Road	Date (Mo., Day, Year)	roceipt this period
Other (please specify) Full Name Phyllis Y. Cade Mailing Address 177 Phillips Hill Road City, State, Zip Code Columbus, MS 39702-8297	Date (Mo., Day, Year)	roceipt this period
Other (please specify) Full Name Phyllis Y. Cade Mailing Address 177 Phillips Hill Road City, Stale, Zip Code Columbus, MS 39702-8297 Name of Employer (Required) N/A	Date (Mo., Day, Year) 05/30/2015	roceipt this period \$500,00
Other (please specify) Full Name Phyllis Y. Cade Mailing Address 177 Phillips Hill Road City, State, Zip Code Columbus, MS 39702-8297 Name of Employer (Required) N/A Occupation (Required) Retired Schoolteacher Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/30/2015 Aggregate Year-to-date Dato	s500.00 Amount of each
Other (please specify) Full Name	Date (Mo., Day, Year) 05/30/2015 Aggregate Year-to-date Dato (Mo., Day, Year)	s500.00 Amount of each receipt this period
Other (please specify) Full Name Phyllis Y. Cade Mailing Address 177 Phillips Hill Road City, State, Zip Code Columbus, MS 39702-8297 Name of Employer (Required) N/A Decapation (Required) Retired Schoolteacher Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. John D Calhoun	Date (Mo., Day, Year) 05/30/2015 Aggregate Year-to-date Dato (Mo., Day, Year)	s500.00 Amount of each receipt this period
Other (please specify) Full Name Phyllis Y. Cade Mailing Address 177 Phillips Hill Road City, State, Zip Code Columbus, MS 39702-8297 Name of Employer (Required) N/A Occupation (Required) Retired Schoolteacher Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. John D Calhoun Mailing Address 3 Southern Oaks Drive	Date (Mo., Day, Year) 05/30/2015 Aggregate Year-to-date Dato (Mo., Day, Year)	s500.00 \$500.00 Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	05/01/2015

_ through __

05/31/2015

Dato (Mo., Day, Year)	Amount of each receipt this period
05/12/2015	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
05/27/2015	\$1,000.00
1 I	
Aggregate Year-to-date	\$1,000.00
	\$1,000.00 Amount of each receipt this period
Year-to-date Date	Amount of each receipt
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 05/31/2015 Aggrogate	Amount of each receipt this period \$1,000.00
Year-to-date Date (Mo., Day, Year) 05/31/2015 Aggrogate Year-to-date	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Year-to-date Date (Mo., Day, Year) 05/31/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 05/31/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 05/31/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
	(Mo., Day, Year) 05/12/2015 Aggregate Year-to-date Date (Mo., Day, Year)

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Name of Candidate	or Committee
Reporting Period	05/01/2015

_ through ____05/31/2015

		
Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Nama		
Neely Carlton Malling Address	05/15/2015	\$1,000.00
408 W Parkway Pi		
City, State, Zip Code Ridgeland, MS 39157-6010		
Name of Emptoyer (Required) Butler Snow Omera Stevens & Cannada		······································
Occupation (Required) Government Relations Director	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Alveno N. Castilla	05/19/2015	\$1,000.00
Malling Address PO Box 1732	[
City, State, Zip Code Jackson, MS 39215-1732		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
·		recelpt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dr. Robert J. Cater Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dr. Robert J. Cater Mailing Address 803 42nd Ct City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dr. Robert J. Cater Mailing Address 803 42nd Ct City, State, Zip Code Meridian, MS 39305-3435	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Dr. Robert J. Cater Mailing Address 803 42nd Ct City, State, Zip Code Meridian, MS 39305-3435 Name of Employer (Required) Meridian Ear, Nose, and Throat Clinic, P.A. Occupation (Required)	(Mo., Day, Year) - 05/21/2015 - Aggregate	receipt this period \$500.00
Other (please specify) Full Name Dr. Robert J. Cater Mailing Address 803 42nd Ct City, State, Zip Code Meridian, MS 39305-3435 Name of Employer (Required) Meridian Ear, Nose, and Throat Clinic, P.A. Occupation (Required) Doctor Source: Corporation PAC Individual Loan	- (Mo., Day, Year) - 05/21/2015 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Dr. Robert J. Cater Mailing Address 803 42nd Ct City, State, Zip Code Meridian, MS 39305-3435 Name of Employer (Required) Meridian Ear, Nose, and Throat Clinic, P.A. Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Dr. Robert J. Cater Mailing Address 803 42nd Ct Gity, State, Zip Code Meridian, MS 39305-3435 Name of Employer (Required) Meridian Ear, Nose, and Throat Clinic, P.A. Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify) Full Name Bobby Chain	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Dr. Robert J. Cater Mailing Address 803 42nd Ct Gity, State, Zip Code Meridian, MS 39305-3435 Name of Employer (Required) Meridian Ear, Nose, and Throat Clinic, P.A. Occupation (Required) Doctor Source: Corporation PAC Individual Loan Other (please specify) Full Name Bobby Chain Mailing Address 107 Natalie Ln	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Name of Candidate or Committee 05/01/2015

Reporting Period

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ITEMIZED RECEIPTS

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Chain	05/01/2015	\$2,000.00
Malling Address 1308 W Pine Stroet		
City, State, Zip Code Hattiosburg, MS 39401-6338		
Name of Employer (Required) Chain Electric Co		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fell Name Chain Electric Co	05/01/2015	\$1,000.00
Malling Address P O Box 2058		
City, State, Zip Code Hattiesburg, MS 39403-2058		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
O(her (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Chalkable Malling Address	Date (Mo., Day, Year)	receipt this period
Chalkable Mailing Address 739 N University Blvd Suite 2000	Date (Mo., Day, Year)	receipt this period
Chalkable Mailing Address 739 N University Blvd Suite 2000 City, State, Zip Code Mobile, AL 38808-4579	Date (Mo., Day, Year)	receipt this period
Chalkable Mailing Address 739 N University Blvd Suite 2000 City, State, Zip Code Mobile, AL 36608-4579 Name of Employer (Required)	Date (Mo., Day, Year) 06/29/2015 Aggregate	receipt this period \$1,000.00
Chalkable Mailing Address 739 N University Blvd Suite 2000 City, State, Zip Code Mobile, AL 36608-4579 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/29/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Chalkable Mailing Address 739 N University Blvd Suite 2000 City, State, Zip Code Mobile, AL 36608-4579 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) O6/29/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Chalkable Mailing Address 739 N University Blvd Suite 2000 City, State, Zip Code Mobile, AL 36608-4579 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Check Into Cash, Inc.	Date (Mo., Day, Year) O6/29/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Chalkable Malling Address 739 N University Blvd Suite 2000 City, State, Zip Code Mobile, AL 36608-4579 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Check Into Cash, Inc. Meiling Address 201 Keith Street SW, STE 80	Date (Mo., Day, Year) O6/29/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Can	didate or	Committee
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Reporting Period ___05/01/2015

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05/31/2015

Source: Corporation	Date (Mo., Day, Yoar)	Amount of each receipt this period
Full Name		
Mr. Donald Clark Mailing Address DO D DOGG	05/14/2015	\$1,000.00
PO 80x 8010		
City, State, Zip Code Ridgeland, MS 39158-6010		
Name of Employer (Required) Butter Snow O'mara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC C Individual Loan Other (picase specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Lambert Clark	05/11/2015	\$1,000.00
Mailing Address 114 Lake Village Dr		
City, State, Zip Gode Madison, MS 39110-6520		
Name of Employer (Required) Builler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Losp Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clean Energy	05/04/2015	\$1,000,00
Mailing Address 4675 MacArthur Court Ste 800		
City, State, Zip Code Newport Beach, CA 92660-1895		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-dato	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comer Captial Group LLC	05/28/2015	\$1,000.00
Mailing Address 1880 Lakeland Drive Ste C		
City, State, Zip Code Jackson, MS 39216-4918		
Name of Employer (Required)		
value of Employer (Required)		

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tenorting Period	05/01/2015	through	05/31/2015			

Source: Corporation PAC Individual Loan Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee For Clean Environment and Fair Taxation	05/28/2015	\$2,500.00
Mailing Address 3000B N State St		
City, State, Zip Goda Jackson, MS 39216-4203		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Coopwood Communications, Inc.	05/14/2015	\$500.00
Malling Address P.O. Box 117		
City, State, Zip Code Cleveland, MS 38732-0117		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Cornerstone Government Affairs, LLC Mailing Address	Date (Mo., Day, Year)	receipt this period
Full Name Cornerstone Government Affairs, LLC Mailing Address 188 E Capitol Street Suite 910 City, State, Zin Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Other (please specify) LLC LLC LLC LLC LLC LLC LLC L	Date (Mo., Day, Year)	receipt this period
Cornerstone Government Affairs, LLC Malling Address 188 E Capitol Street Suite 910 City, State, Zip Code Jackson, MS 39201-2129 Name of Employer (Required)	Date (Mo., Day, Year) 05/22/2015 Aggregate	receipt this period \$1,000.00
Tother (please specify) Full Name Cornerstone Government Affairs, LLC Malling Address 188 E Capitol Street Suite 910 City, State, Zip Code Jackson, MS 39201-2129 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/22/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify) Full Name Cornerstone Government Affairs, LLC Malling Address 188 E Capitol Street Suite 910 City, State, Zip Code Jackson, MS 39201-2129 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/22/2015 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name Cornerstone Government Affairs, LLC Malling Address 188 E Capitol Street Suite 910 City, State, Zip Code Jackson, MS 39201-2129 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name CSX Transportation	Date (Mo., Day, Year) 05/22/2015 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name Cornerstone Government Affairs, LLC Malling Address 188 E Capitol Street Suite 910 City, State, Zip Code Jackson, MS 39201-2129 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Ofther (please specify) Full Name CSX Transportation Mailing Address P.O. Box 44057 City, State, Zip Code	Date (Mo., Day, Year) 05/22/2015 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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ITEMIZED RECEIPTS

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Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name		this period
D & C Limited Investments, LEC	05/13/2015	\$1,000.00
Mailing Address 1059 Deviney Drive		
City, State, Zip Code Raymond, MS 39154-8387		
Name of Employer (Required)		
Occupation (Roquired)	Aggregate	
•	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (prease specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Marty Davidson	05/15/2015	\$1,000.00
Mailing Address PO Box 3804		
City, State, Zip Code Meridian, MS 39303-3804		
Name of Employer (Required) Southern Pipe & Co LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC I Individuat I Loan Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt this period
Other (please specify) PAC	(Mo., Day, Year)	receipt
Full Name Denbury Resources PAC Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Denbury Resources PAC Malling Address 5320 Legacy Drive City, State, Zip Code	(Mo., Day, Year)	receipt this period
Tother (please specify) PAC Full Name Denbury Resources PAC Maliling Address 5320 Legacy Drive City, State, Zip Code Plano, TX 75024-3127	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Denbury Resources PAC Maliling Address 5320 Legacy Drive City, State, Zip Code Plano, TX 75024-3127 Name of Employer (Required)	(Mo., Day, Year) 05/11/2015 Aggregate	receipt this period \$4,000.00
Other (please specify) PAC Full Name Denbury Resources PAC Maliling Address 5320 Legacy Drive City, State, Zip Code Plano, TX 75024-3127 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/11/2015 Aggregate Year-to-date Dato	receipt this period \$4,000.00 \$4,000.00 Amount of each receipt
Other (please specify) PAC Full Name Denbury Resources PAC Maliling Address 5320 Legacy Drive City, State, Zip Code Plano, TX 75024-3127 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$4,000.00 \$4,000.00 Amount of each receipt this period
Tother (please specify) Full Name Denbury Resources PAC Mailing Address 5320 Legacy Drive City, State, Zip Code Plano, TX 75024-3127 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Denbury Resources, Inc.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$4,000.00 \$4,000.00 Amount of each receipt this period
Tother (please specify) Full Name Denbury Resources PAC Mailing Address 5320 Legacy Drive City, State, Zip Code Plano, TX 75024-3127 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Denbury Resources, Inc. Mailing Address 5320 Legacy Drive City, State, Zip Code	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$4,000.00 \$4,000.00 Amount of each receipt this period

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Reporting Period	05/01/2015	through _	05/31/2015			

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	-	this period
Pull Name Deviney Brothers, Inc.	05/14/2015	\$1,000.00
Mailing Address PO Box 6717		
City, Stafe, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Мо., Day, Year)	Amount of each receipt this period
Full Name Deviney Construction Company, Inc.	05/13/2015	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Regulred)	Aggregate Year-to-date	\$1,000.00
	17111 12 7111-	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Deviney Equipment Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Deviney Equipment Mailing Address PO Box 7179 City State Zio Code	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Deviney Equipment Mailing Address PO Box 7179 City, State, Zlp Code Jackson, MS 39282-7179	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Deviney Equipment Mailing Address PO Box 7179 City, State, Zlp Code Jackson, MS 39282-7179 Name of Employer (Required)	Date (Mo., Day, Year) 05/14/2015 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Deviney Equipment Mailing Address PO Box 7179 City, State, Zip Code Jackson, MS 39282-7179 Name of Employer (Required) Docupation (Required) Source: Corporation PAC Individual Loan	Data (Mo., Day, Year) 05/14/2015 Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Deviney Equipment Mailing Address PO Box 7179 City, State, Zip Code Jackson, MS 39282-7179 Name of Employer (Required) Doccupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Data (Mo., Day, Year) 05/14/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Deviney Equipment Mailing Address PO Box 7179 City, State, Zlp Code Jackson, MS 39282-7179 Name of Employer (Required) Doccupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Richard M Dye	Data (Mo., Day, Year) 05/14/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Deviney Equipment Mailing Address PO Box 7179 City, State, Zip Code Jackson, MS 39282-7179 Name of Employer (Required) Doccupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Richard M Dye Mailing Address 4120 Crestview Drive	Data (Mo., Day, Year) 05/14/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Reporting Period	05/01/2015

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Source: Corporation PAC Individual Lean Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jabari O Edwards	05/20/2015	\$1,000.00
Mailing Address PO Box 744		
City, State, Zip Code Columbus, MS 39703-0744		
Name of Employer (Required) The Edwards Agency		
Occupation (Required) Financial Advisor	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elcon Electrical Contractors, Inc.	05/27/2015	\$1,000.00
Mailing Address PO Box 1921		
City, State, Zip Code Brandon, MS 39043-1921		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: 🖾 Corporation 🔲 PAC 🖾 Individual 🖾 Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eli Lilly and Company	05/05/2015	\$1,000.00
Mailing Address Lilly Corporate Center		
City, State, Zip Code Indianapolis, IN 46285-0001		· · · · ·
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eli Litty and Company PAC	05/01/2015	\$1,000.00
Mailing Address 639 S. Delaware Street		
City, State, Zip Code Indianapolis, IN 46225-1392		
Name of Employer (Required)		
Occupation (Required)	Aggregate Vast-to-date	\$1,000.00

			Pa	age	Page 16 of	44	
Name of Candidate	or Committee	Friends Of Tate Reeves					
Reporting Period	05/01/2015	through	05/31/2015				

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name		uns period
Mr. John England	05/27/2015	\$1,000.00
Meiling Address 2034 Petit Bois Street S		
City, State, Zip Gode Jackson, MS 39211-6709		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	05/19/2015	\$15,000.00
Mailing Address PO Box 1640		
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		title posterio
Full Namo Yrudy Fisher	05/28/2015	\$1,000.00
Full Mama	05/28/2015	
Full Namo Trudy Fisher Mailing Address	05/28/2015	
Full Namo Trudy Fisher Malling Address 602 Winteridge Place City, State, Zin Code	05/28/2015	
Full Name Trudy Fisher Mailing Address 602 Winteridge Place City, State, Zip Code Ridgeland, MS 39157-4182	05/28/2015 Aggregate Year-to-date	
Full Name Trudy Fisher Mailing Address 602 Winteridge Place City, State, Zip Code Ridgeland, MS 39157-4182 Name of Employer (Required) Butter Snow Occupation (Required)	Aggregate	\$1,000.00
Full Name Trudy Fisher Mailling Address 602 Winteridge Place City, State, Zip Code Ridgeland, MS 39157-4182 Name of Employer (Required) Butler Snow Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Aggregate Year-te-date Date	\$1,000.00 \$1,000.00 Amount of each receipt
Full Name Trudy Fisher Mailling Address 602 Winteridge Place City, State, Zip Code Ridgeland, MS 39157-4182 Name of Employer (Required) Butler Snow Occupation (Required) Attorney Source: Corporation PAC Individual Loan City Control C	Aggregate Year-te-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name Trudy Fisher Mailling Addross 602 Winteridge Place City, State, Zip Code Ridgeland, MS 39157-4182 Name of Employer (Required) Butter Snow Occupation (Required) Attorney Source: Corporation PAC Individual Loan City Other (please specify) Full Name Freedom Prosthetics	Aggregate Year-te-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name Trudy Fisher Mailing Addross 602 Winteridge Place City, State, Zip Code Ridgeland, MS 39157-4182 Name of Employer (Required) Butler Snow Occupation (Required) Attorney Source: Corporation PAC Individual Loan City Other (please specify) Full Name Freedom Prosthetics Mailing Address 303 East Marion Street	Aggregate Year-te-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate or Committee		Friends Of Tate Reeves		
Reporting Period	05/01/2015	fhrough	05/31/2015	

	······	······································
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	ļ,,	this period
Full Name Mr. Leland S. Garrett	05/19/2015	\$250.00
Mailing Address 2659 Livingston Road		
City, State, Zip Codo Jackson, MS 39213-6926		
Name of Employer (Required) K & S Chemical Manufacturing, Co., Inc.		
Occupation (Required) Incorporator	Aggregate Year-to-date	\$250.00
Source: Corporation DPAC Individual Decan Decay Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name General Motors Company PAC	05/19/2015	\$1,000.00
Mailing Address 25 Massachusetts Ave NW		
City, State, Zip Code Washington, DC 20001-1427		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	1601-10-0016	
Source: Corporation C PAC Individual C Loan C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kathi Lee Grace Mallino Address	Date (Mo., Day, Year)	receipt this period
City, State, 7in Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157 Character (please specify) City State, Zip Code Ridgeland, MS 39157	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Control (Recolled)	Date (Mo., Day, Year) 05/11/2015 Aggregate	receipt this period \$1,500.00
Other (please specify) Full Name Kathi Lee Grace Malling Address 210 Lake Harbor Landing City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Lucky Star Promotions Inc Occupation (Required) Principal Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/11/2015 Aggregate Year-to-date Date	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt
Other (please specify) Full Name Kathi Lee Grace Malling Address 210 Lake Harbor Landing City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Lucky Star Promotions Inc Occupation (Required) Principal Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/11/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Other (please specify) Full Name Kathi Lee Grace Malling Address 210 Lake Harbor Landing City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Lucky Star Promotions Inc Occupation (Required) Principal Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. Hardy P Graham	Date (Mo., Day, Year) 05/11/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
City, State, Zip Code Cocupation (Required) Coupation (Required) Cother (please specify) Full Name Cother (please specify) Full Name Mafiling Address PO Box 5207 Page Address Cother (please specify) City, State, Zip Code Ridgeland, MS 39157 Ridgeland, MS 39157 Lucky Star Promotions Inc Cocupation (Required) Principal Loan Cother (please specify) Full Name Mafiling Address PO Box 5207 City, State, Zip Code	Date (Mo., Day, Year) 05/11/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period

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lame of Candidato	or Committee	Friends Of Tate Reeves				
Panartina Pariart	05/01/2015	through	05/31/2015			

		Amount of analy
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
G(her (please specify)	<u> </u>	this period
Grand Trunk Western Railroad Company	05/01/2015	\$1,000.00
Mailing Address PO Box 5025		
City, State, Zip Code Troy, MI 48007-5025		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual I Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Foil Name Mr. Thomas G. Gresham	05/19/2015	\$1,000.00
Mailing Address 105 E. Gresham Stroet		
City, State, Zip Code Indianola, MS 38751-2422		
Name of Employer (Required) Gresham Petroleum		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Coan	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
United W. W. Gresham III Mailing Address	(Mo., Day, Year)	receipt this period
Full Name W. W. Gresham III Mailing Address PO Box 690 City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Indianola, MS 38751-0690	(Mo., Day, Year)	receipt this period
City, State, Zip Code Indianola, MS 38751-0690 Mame of Employer (Required) Occupation (Required)	(Mo., Day, Year) 05/28/2015 Aggregate	receipt this period \$1,000.00
Cither (please specify) Full Name W. W. Gresham IIIt Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) Gresham Petroleum Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/28/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) Cocupation Cocupation PAC Individual Loan Cocupation (Please specify)	(Mo., Day, Year) 05/28/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) Cocupation (Required) Cocupation (Required) Comport Comportion Cocupation PAC Corporation Cocupation Cocupatio	(Mo., Day, Year) 05/28/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) Gresham Patroleum Docupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Namo Kentray Hairston Malting Addross 108 Seville Way	(Mo., Day, Year) 05/28/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of 6	Candidate	or	Committe	90

Reporting Period 05/01/2015 through

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Source: Corporation PAC Individual Loan Other (picase specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Namo Mr. Roger L Hancock	05/06/2015	·
Malling Address 2284 Highway 433 S	03/03/2010	\$5,000.00
City, State, Zip Code Bentonia, MS 39040-9131		
Namo of Employer (Required) WOSO Red Hancocks		
Occupation (Required) Construction	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Oate (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Roderick L Hill	05/19/2015	\$2,000.00
Mailing Address 1211 Riverside Drive	"	
City, State, Zlp Code Jackson, MS 39202-1234		
Name of Employer (Required) IMS Engineers		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$2,0 00.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	į	receipt this period
Cthor (please specify)	(Mo., Day, Year)	recelpt
Cthor (please specify) Pull Name Thomas Hoffman Maillog Address	(Mo., Day, Year)	receipt this period
Pull Name Thomas Hoffman Mailing Address PO Box 16875 City, State, Zip Code Jackson, MS 39236-6875	(Mo., Day, Year)	receipt this period
City, State, Zip Code Jackson, MS 39238-6875 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Jackson, MS 39236-6875 Name of Employer (Required) Double City (Required) Tico's Steak House	(Mo., Day, Year) 05/18/2015 Aggregate	receipt this period \$500.00
City, State, Zip Code Decupation (Required) Outhor (please specify) Thomas Hoffman PO Box 16875 PO Box 16875 Jackson, MS 39236-6875 Tico's Steak House Occupation (Required) Owner Source: Corporation PAC individual Loan	(Mo., Day, Year) 05/18/2015 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Thomas Hoffman Mailing Address PO Box 16875 City, State, Zip Code Jackson, MS 39236-6875 Name of Employer (Required) Tico's Steak House Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/18/2015 Aggregate Year-to-date Data (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Thomas Hoffman Mailing Address PO Box 16875 City, State, Zip Code Jackson, MS 39236-6875 Name of Employer (Required) Tico's Steak House Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Hol-Mac Plant #1	(Mo., Day, Year) 05/18/2015 Aggregate Year-to-date Data (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
City, State, Zip Code Comporation Comporat	(Mo., Day, Year) 05/18/2015 Aggregate Year-to-date Data (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Name of Candidate	or Committee	Friends Of Tate Reeves				,
Reporting Period	05/01/2015	through	05/31/2015			

Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Mr. Jetson G Hollingsworth	05/15/2015	\$1,000.00
Malling Address 2253 Wild Valley Drive		4.1444.44
City, State, Zip Code Jackson, MS 39211-6165		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Officer (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Huntington Ingalis Industries	05/18/2015	\$1,000.00
Mailing Address PO Box 149		
City, State, Zip Code Pascagoula, MS 39568-0149		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Cothor (please specify) Full Name Paul A Hurst Mailling Address	Date (Mo., Day, Year)	receipt this period
City State Zip Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Jackson, MS 39211-5815 Description: Other (please specify) Paul A Hurst All Paul A Hurst Description: Paul A Hurst All Paul A Hurst Description: Descrip	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Paul A Hurst Mailing Address 2210 Culleywood Road City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Butter Snow	Date (Mo., Day, Year) 05/29/2015	receipt this period \$1,000.00
Other (please specify) Full Name Paul A Hurst Mailing Address 2210 Culleywood Road City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Butler Snow Docupation (Required) Government Relations Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/29/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Paul A Hurst Mailing Address 2210 Culleywood Road City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Butler Snow Docupation (Required) Government Relations Source: Corporation PAC Individual Loan Other (please specify) PAC	Date (Mo., Day, Year) 05/29/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Paul A Hurst Mailing Address 2210 Culleywood Road City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Butler Snow Decupation (Required) Government Relations Source: Corporation PAC Individual Loan Other (please specify) PAC Mailing Address Mailing Address	Date (Mo., Day, Year) 05/29/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Paul A Hurst Mailing Address 2210 Culleywood Road City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Butler Snow Docupation (Required) Government Relations Source: Gorporation PAC Individual Loan Other (please specify) PAC Full Name Independent Insurance Agents of Mississippi PAC Mailing Address 124 Riverview Dr	Date (Mo., Day, Year) 05/29/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name	of Ca	indidate	or	Committ	ae
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Reporting Period 05/01/2015

_through _

05/31/2015

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
— Citial (please speersy)		this period
J5 GBL, LLC	05/19/2015	\$2,000.00
Mailing Address PO Box 2446		
City, Slate, Zip Code Columbus, MS 39704-2446		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (picase specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jackson Excavating	05/13/2015	\$1,000.00
Malling Address 1059 Deviney Drive		
City, State, Zip Code Raymond, MS 39154-8387		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jackson Truck Center, Inc.	05/13/2015	\$1,000.00
Malling Address P.O. Box 7179		
City, State, Zip Codo Jackson, MS 39282-7179		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation C PAC Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Robert S Jacobs Jr.	05/06/2015	\$2,500.00
Mailing Address 440 Cedars Of Lebanon Rd STE A		
Cily, State, Zip Code Jackson, MS 39206-3721		
Name of Employer (Required) Jacobs Robert Attorney at Law		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,500.00

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Friends Of Tate Reeves				
through	05/31/2015			

Name of Candidate or Committee 05/01/2015 Reporting Period

Source: Corporation PAC Individual Loan Other (please specify)	Dafe (Mo., Day, Year)	Amount of each receipt
		this period
Full Name Mr. Paul Janoush	05/18/2015	\$1,000.00
Mailing Address PO Box 397		
City, State, Zip Code Rosedale, MS 38769-0397		
Name of Employer (Required) JANTRAN		
Occupation (Required) CFO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Troy Johnston	05/27/2015	\$1,000.00
Mailing Address 4636 Nottingham Road		
City, State, Zip Gode Jackson, MS 39211-4928		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregato Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Jones Walker LLP Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Jones Walker LLP Mailing Address PO Box 427 City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) LLP Jones Walker LLP Mailing Address PO Box 427 City, State, Zip Code Jackson, MS 38205-0427	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jones Walker LLP Mailing Address PO Box 427 City, State, Zip Code Jackson, MS 39205-0427 Name of Employer (Required)	(Mo., Day, Year) 05/21/2015 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Jones Walker LLP Mailing Address PO Box 427 City, State, Zip Code Jackson, MS 39205-0427 Name of Employer (Required) Docupation (Required) Source: Gorporation PAC Mindfulai Loan	(Mo., Day, Year) 05/21/2015 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Jones Walker LLP Mailing Address PO Box 427 City, State, Zip Code Jackson, MS 39205-0427 Name of Employer (Required) Docupation (Required) Source: Gerporation PAC Mindividual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Jones Walker LLP Mailing Address PO Box 427 City, State, Zip Code Jackson, MS 39205-0427 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John R Junkin III	Aggregate Year-to-date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Jones Walker LLP Mailing Address PO Box 427 City, State, Zip Code Jackson, MS 38205-0427 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John R Junkin III Mailing Address PO Box 1082 City, State, Zip Code	Aggregate Year-to-date (Mo., Day, Year)	\$2,500.00 \$2,500.00 Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	05/01/2015

___through ___

05/31/2015

		Amount of each
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this pariod
Fulf Name Samuel W Keyes Jr.	05/15/2015	\$1,000.00
Malling Address 202 Valley Road		
City, State, Zip Codo Ridgeland, MS 39157-9105		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kinetic Staffing, LLC	05/01/2015	\$1,000.00
Mailing Address PO Box 55914		,
City, State, Zip Code Jackson, MS 39296-5914		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	·	
Source: Corporation DPAC Individual Decan	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify) Full Name	(Mo., Day, Year)	receipt this period
Full Name Alexa Lampkin Malling Address	(Mo., Day, Year)	receipt this period
Full Name Alexa Lampkin Malling Address 617 Renaissance Way, Suite 210 City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Ridgeland, MS 39157-6066 City	(Mo., Day, Year)	receipt this period
Full Name Alexa Lampkin Malling Address 617 Renaissance Way, Suite 210 City, State, Zip Code Ridgeland, MS 39157-6066 Name of Employer (Required) University of Mississippi Medical Center Occupation (Regulated)	(Mo., Day, Year) 05/19/2015 Aggregate	receipt this period \$250.00
Full Name Alexa Lampkin Malling Address 617 Renaissance Way, Suite 210 City, State, Zip Code Ridgeland, MS 39157-6066 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Dental Student Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Full Name Alexa Lampkin Malling Address 617 Renaissance Way, Suite 210 City, State, Zip Code Ridgeland, MS 39157-6066 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Dental Student Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Full Name Alexa Lampkin Malling Address 617 Renaissance Way, Suite 210 City, State, Zip Code Ridgeland, MS 39157-6066 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Dental Student Source: Corporation PAC Individual Loan Other (please specify) Full Name Learning Through Sports, Inc.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Full Name Alexa Lampkin Malling Address 617 Renaissance Way, Suite 210 City, State, Zip Code Ridgeland, MS 39157-6066 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Dental Student Source: Corporation PAC Individual Loan Other (please specify) Full Name Learning Through Sports, Inc. Malling Address 1063 Narrows Way Suite C	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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iame of Candidate	e or Committee	Friends Of Tate Reeves				7
Reporting Period	05/01/2015	through _	05/31/2015			

Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	, , , , , , , , , , , , , , , , , , , ,	this period
Full Name Mr. John Lee Jr.	05/19/2015	\$5,000.00
Mailing Address PO Box 1470		
City, State, Zip Code Hattiesburg, MS 38403-1470		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shirtey Lee	05/25/2015	\$10,000.00
Mailling Address 402 Daniel Drive		
City, State, Zip Code Brandon, MS 39047-7396		
Name of Employer (Required) N/A		
Occupation (Required) Ноллетакет	Aggregate Year-to-date	\$10,000.00
	<u> </u>	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Lucky Star Enterprises Inc. Mailing Address	Date (Mo., Day, Year)	receipt this period
City, State, Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Lucky Star Enterprises Inc. Mailing Address 532 Mockingbird Circle City, State, Zip Code Brandon, MS 39047-7363	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Brandon, MS 39047-7363 Discrete Di	Date (Mo., Day, Year) 05/07/2015 Aggregate	receipt this period (\$1,500.00)
Ofher (please specify) Full Name	Date (Mo., Day, Year) 05/07/2015 Aggregate Year-to-date	receipt this period (\$1,500.00) \$1,000.00 Amount of each receipt
Ofher (please specify) Full Name	Date (Mo., Day, Year) 05/07/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period (\$1,500.00) \$1,000.00 Amount of each receipt this period
City, State, Zip Code Brandon, MS 39047-7363 Name of Employer (Required) Cocupation (Required) Cother (please specify) Full Name Mr. Frank P Marascalco	Date (Mo., Day, Year) 05/07/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period (\$1,500.00) \$1,000.00 Amount of each receipt this period
City, State, Zip Code Source: Corporation PAC Individual Coan Other (please specify) Full Name Document of Employer (Required) Source: Corporation PAC Individual Coan Other (please specify) Full Name Mr. Frank P Marascalco Mailing Address 2565 Jackson Avenue Extension	Date (Mo., Day, Year) 05/07/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period (\$1,500.00) \$1,000.00 Amount of each receipt this period

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Name of Candidate	or Committee
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Source: Corporation PAC Individual Loan Other (picase specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryan McDonald	05/27/2016	\$500.00
Mailing Address 602 Northlake Ave		
City, State, Zip Gode Ridgeland, MS 39157-1708		
Name of Employer (Required) I-lorne LLP		
Оссырation (Raquired) СРА	Aggrogate Year-to-date	\$500.00
Source: Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fall Name David McMillin	05/20/2015	\$1,000.00
Malling Address 1025 Annandale Drive		
City, State, Zip Code Madison, MS 39110-9450		
Name of Employer (Required) Xerox Corporation		
Occupation (Required) Pacing & Contracts Consultant	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	I : 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name Mr. John W McPherson Jr. Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Mr. John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mr. John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mr. John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) McPherson Oil Decupation (Required)	(Mo., Day, Year) 05/19/2015 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Mr. John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 Name of Employer (Required) McPherson Oil Decupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Dato	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Dato (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Dato (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Other (please specify) Full Name Mr. John W McPherson Jr. Mailing Address PO Box 690 City, State, Zip Code Indianola, MS 38751-0690 McPherson Oil Docupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Merck Sharp & Dohme Corporation Mailing Address 304 Mossy Oak Court	Aggregate Year-to-date Dato (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name	of	Candidate	oor	Comr	nittee
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Reporting Period	05/01/2015	 through	05/31/2015

Source: Corporation D PAC D Individual D Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Meridian Southern Railway, LLC	05/20/2015	\$1,000.00
Mailing Address 25 Delphine St		
City, State, Zip Code Owego, NY 13827-1009		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lee D Miller	05/28/2015	\$500.00
Mailing Address 222 Bellewether Pass		-
City, State, Zip Code Ridgeland, MS 39157-8762		
Name of Employer (Required) Miller Transporters Inc		
Occupation (Regulace) President	Aggregate Year-to-date	\$500.00
	1	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Mills & Mills Architects, PC Malling Address	Date (Mo., Day, Year)	receipt this period
City State Zin Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Other (please specify) Full Name Mills & Mills Architects, PC Malling Address 817 Hwy, 1 South Greenville, MS 38701-5962	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Greenville, MS 38701-5962 Other (please specify) Mills & Mills Architects, PC Malling Address 817 Hwy, 1 South Greenville, MS 38701-5962 Name of Employer (Required)	Date (Mo., Day, Year) 06/19/2015 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Mills & Mills Architects, PC Malling Address 817 Hwy, 1 South City, State, Zip Code Greenville, MS 38701-5962 Name of Employer (Required) Occupation (Required) Source: Groporation PAC Individual Loan	Date (Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Greenville, MS 38701-5962 Name of Employer (Required) Cocupation (Required) Course: Corporation PAC Individual Loan City Date (please specify) Control of Employer (Page 1998)	Date (Mo., Day, Year) 06/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Greenville, MS 38701-5962 Name of Employer (Required) Cocupation (Required) Cource: Corporation PAC Individual Loan Other (please specify) MISS Life Under PAC	Date (Mo., Day, Year) 06/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Corporation Cocupation (Required) Course: Corporation City State State (PAC City State (PAC City State (PAC City (PAC) City (PAC City (PAC) City (PAC)	Date (Mo., Day, Year) 06/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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05/31/2015

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi American Life Insurance Company	05/19/2015	\$250.00
Mailing Address PO Box 12449	10110110	Ψ2.00.10\$
City, State, Zip Code Jackson, MS 39236-2449		
Name of Employer (Required)		·
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association of Nurse Anesthetists PAC	05/20/2015	\$2,500.00
Malling Address 1022 Highland Colony Pkwy		i
City, State, Zip Code Ridgeland, MS 39157-8726		
Namo of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
<u> </u>		
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	, == ,	receipt this period
Other (prease specify) Full Name	(Mo., Day, Year)	receipt
Other (please specify) Full Name Mississippi Association Of Self-Insurers Mailing Address	(Mo., Day, Year)	receipt this period
City, State, Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Association Of Self-Insurers Mailing Address 825 N President Street City, State, Zip Code Jackson, MS 39202-2561	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Association Of Self-Insurers Mailing Address 825 N President Street City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required)	(Mo., Day, Year) 05/21/2015 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Mississippi Association Of Self-Insurers Mailing Address 825 N President Street City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation D PAC Individual Loan	(Mo., Day, Year) 05/21/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Mississippi Association Of Self-Insurers Mailing Address 825 N President Street City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation CPAC Individual Loan Other (please specify) PAC	(Mo., Day, Year) 05/21/2015 Aggregate Year-to-date Date {Mo., Day, Year}	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Mississippi Association Of Self-Insurers Mailing Address 825 N President Street City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) PAC Full Name Mississippi Concrete Industries Association PAC	(Mo., Day, Year) 05/21/2015 Aggregate Year-to-date Date {Mo., Day, Year}	\$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Mississippi Association Of Self-Insurers Mailing Address 825 N President Street City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify) PAC Full Name Mississippi Concrete Industries Association PAC Mailing Address 6700 Old Canton Rd	(Mo., Day, Year) 05/21/2015 Aggregate Year-to-date Date {Mo., Day, Year}	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Concrete Industries Association PAC	05/28/2015	\$1,000.00
Mailing Address 6700 Old Canton Rd	G372072013	φ1,000.00
City, State, Zip Codo		
Ridgeland, IMS 39157-1253		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: 🗆 Corporation 🗀 PAC 🖂 Individual 🗀 Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Mississippi Hospital Association PAC	05/29/2015	\$5,000.00
Mailing Address PO Box 1909		
City, State, Zip Code Madison, MS 39130-1909		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
	1 1041-10-4440	
Source: 🗆 Corporation 📮 PAC 🗀 Individual 🗖 Loan	Date	Amount of each
Source: Corporation PAC individual Coan Other (please specify) PAC	 	Amount of each receipt this period
	Date	receipt
Other (please specify) PAC	Date (Mo., Day, Year)	receipt this period
Full Name Mississippi Road Builders Association PAC Malifing Address	Date (Mo., Day, Year)	receipt this period
Full Name Mississippi Road Builders Association PAC Mailing Address 601 George St City State Zin Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Cade Other (please specify) PAC PAC PAC PAC PAC PAC PAC PA	Date (Mo., Day, Year)	receipt this period
City, State, Zip Cade Jackson, MS 39202-3016 Ditter (please specify)	Date (Mo., Day, Year) 05/29/2015 Aggregato Year-to-date	receipt this period \$5,000.00 \$5,000.00 Amount of each
Other (please specify) PAC Full Name Mississippi Road Builders Association PAC Mailing Address 601 George St City, State, Zip Cade Jackson, MS 39202-3016 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 05/29/2015 Aggregato	receipt this period \$5,000.00
Other (please specify) PAC Full Name Mississippi Road Builders Association PAC Mailing Address 601 George St City, State, Zip Code Jackson, MS 39202-3016 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/29/2015 Aggregato Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) PAC Full Name Mississippi Road Builders Association PAC Mailing Address 601 George St City, State, Zip Code Jackson, MS 39202-3016 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 05/29/2015 Aggregato Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Mississippi Road Builders Association PAC Mailing Address 601 George St City, State, Zip Cade Jackson, MS 39202-3016 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Meade W Mitchell Mailing Address	Date (Mo., Day, Year) 05/29/2015 Aggregato Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) PAC Full Name Mississippi Road Builders Association PAC Mailing Address 601 George St City, State, Zip Gode Jackson, MS 39202-3016 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Meade W Mitchell Mailing Address 2402 Wild Valley Drive	Date (Mo., Day, Year) 05/29/2015 Aggregato Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Date (Mo., Day, Year)	Amount of each receipt
	this period
05/21/2015	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
05/20/2015	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
05/14/2015	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each recelpt this period
05/19/2015	\$250.00
1 -	
	(Mo., Day, Year) 05/21/2015 Aggregate Year-to-date Date (Mo., Day, Year) 05/20/2015 Aggregata Year-to-data Date (Mo., Day, Year) 05/14/2015 Aggregate Year-to-date Date (Mo., Day, Year)

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lame of Candidate or Committee		Friends Of Tate Reeves				9
lenorting Period	05/01/2015	through	05/31/2015			

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	— (MO., Day, 1981)	this period
Full Name Neel-Schaffer	05/20/2015	\$1,000.00
Mailing Address PO Box 22625		
City, State, Zip Code Jackson, MS 39225-2825		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation D PAC D Individual D Loss D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Norfolk Southern Corporation	05/01/2015	\$1,000.00
Mailing Address RSA Plaza Suite 192, 770 Washington Ave		
City, Stete, Zip Gade Montgomery, AL 36104-3818		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy Nowell Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy Nowell Matting Address PO Box 119 City State Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy Nowell Mailing Address PO Box 119 City, State, Zip Code Cleveland, MS 38732-0119	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy Nowell Mailing Address PO Box 119 City, State, Zip Code Cleveland, MS 38732-0119 Name of Employer (Required) Partnership Properties	(Mo., Day, Year) 05/18/2015 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Billy Nowell Matiling Address PO Box 119 City, State, Zip Code Cleveland, MS 38732-0119 Name of Employer (Required) Partnership Properties Occupation (Required) Realtor Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/18/2015 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Billy Nowell Matiling Address PO Box 119 City, State, Zip Code Cleveland, MS 38732-0119 Name of Employer (Required) Partnership Properties Occupation (Required) Realtor Source: Corporation PAC Individual Loan Other (please specify) PAC	(Mo., Day, Year) 05/18/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Billy Nowell Matiling Address PO Box 119 City, State, Zip Code Cleveland, MS 38732-0119 Name of Employer (Required) Partnership Properties Occupation (Required) Realtor Source: Corporation PAC Individual Loan Other (please specify) PAC Full Name Optometry For Progress	(Mo., Day, Year) 05/18/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
☐ Other (please specify) Full Name Billy Nowell Matiling Address PO Box 119 City, State, Zip Code Cleveland, MS 38732-0119 Name of Employer (Required) Partnership Properties Occupation (Required) Realtor Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) PAC Full Name Optometry For Progress Mailing Address 141 Executive Drive Suite 5	(Mo., Day, Year) 05/18/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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o5/31/2015

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Jody E Owens II	05/19/2015	\$300.00
Malling Address 109 Ingz Owens Dr		
City, Stato, Zip Code Jackson, MS 39212-3263	" 	
Name of Employer (Required) Southern Poverty Law Center		
Occupation (Required) Managing Attorney	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Don Perry	05/08/2015	\$500.00
Mailing Address 424 Pecan Avenue		
City, State, Zip Code Philadelphia, MS 39350-2933		- Alexandria
Name of Employer (Required) Perry Construction Co		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `		roceipt
Other (please specify)	(Mo., Day, Year)	raceipt this period
C Other (please specify) Full Name Glenn Peters Mallino Address	(Mo., Day, Year)	raceipt this period
City, State, Zip Code	(Mo., Day, Year)	raceipt this period
City, State, Zip Code Louisville, MS 39339-2742 Character Louisville (Louisville)	(Mo., Day, Year)	raceipt this period
City, State, Zip Code Louisville, MS 39339-2742 Name of Employer (Required) Docupation (Required)	(Mo., Day, Year) 05/20/2015 Aggregate	roceipt this period \$250,00
Full Name Glenn Peters Malling Address 540 E: Main Street City, State, Zip Code Louisville, MS 39339-2742 Name of Employer (Required) Louisville Medical Associates Docupation (Required) Doctor of Family Medicine Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$250.00 Amount of each receipt
City, State, Zip Code Louisville, MS 39339-2742 Name of Employer (Required) Louisville Medical Associates Decupation (Required) Doctor of Family Medicine Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Glenn Peters Malling Address 540 E: Main Street City, State, Zip Code	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Glenn Peters Malling Address 540 E: Main Street City, State, Zip Code	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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lame of Candidate	or Committee	Friends Of Tate Reeves				
Reporting Period	05/01/2015	fhrough	05/31/2015			

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full Name Pjoneer Railroad Services, Inc	05/18/2015	\$1,000.00
Malling Address 1318 S Johanson Rd		
City, State, Zip Code Peoria, IL 61607-1130		
Name of Employor (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Plum Creek Administrative Corp., Inc.	05/28/2015	\$1,000.00
Mailing Address PO Box 1990		
City, State, Zip Code Columbia Falls, MT 59912-1990		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
· _	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Porter's Insurance Agency, Inc. Mailing Address	Date (Mo., Day, Year)	receipt this period
Full Name Porter's Insurance Agency, Inc. Malling Address 1020 University Blvd. City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Porter's Insurance Agency, Inc. Mailing Address 1020 University Blvd. City, State, Zip Code Jackson, MS 39204-2936	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Porter's Insurance Agency, Inc. Mailing Address 1020 University Blvd. City, State, Zip Code Jackson, MS 39204-2936 Name of Employer (Required)	Date (Mo., Day, Year) — 05/18/2015	receipt this period \$600.00
Other (please specify) Full Name Porter's Insurance Agency, Inc. Mailing Address 1020 University Blvd. City, State, Zip Code Jackson, MS 39204-2936 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) OS/18/2015 Aggregate Year-to-date Date	receipt this period \$600.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Porter's Insurance Agency, Inc. Mailing Address 1020 University Blvd. City, State, Zip Code Jackson, MS 39204-2936 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) OS/18/2015 Aggregate Year-to-date Dato (Mo., Day, Year)	receipt this period \$500.00 Amount of each receipt this period
Other (please specify) Full Name Porter's Insurance Agency, Inc. Mailling Address 1020 University Blvd. City, State, Zip Code Jackson, MS 39204-2936 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. John K. Povail	Date (Mo., Day, Year) OS/18/2015 Aggregate Year-to-date Dato (Mo., Day, Year)	receipt this period \$500.00 Amount of each receipt this period
Other (please specify) Full Name Porter's Insurance Agency, Inc. Mailling Address 1020 University Blvd. City, State, Zip Code Jackson, MS 39204-2936 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. John K. Povall Mailling Address 408 S Bolivar Avenue	Date (Mo., Day, Year) OS/18/2015 Aggregate Year-to-date Dato (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) PAC	(mo., bay, real,	this period
Property Casualty Insurers Association of America PAC	05/01/2015	\$1,000.00
Mailing Address 2600 S River Rd		
City, State, Zip Code Des Plaines, IL 60018-3203		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R. Kent Stribling, OD PA	05/18/2015	\$250.00
Malling Address 1054 Airpark Road		
City, State, Zip Code Philadelphia, MS 39350-3368		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify) PAC	Dato (Mo., Day, Year)	Amount of each receipt this period
- 512	Dato	receipt this poriod
Other (please specify) PAC	Dato (Mo., Day, Year)	receipt
Cother (please specify) Full Name Raytheon PAC Meiling Address	Dato (Mo., Day, Year)	receipt this poriod
City, State, Zin Code	Dato (Mo., Day, Year)	receipt this poriod
City, State, Zip Code Arlington, VA 22209-2249	Dato (Mo., Day, Year)	receipt this poriod
City, State, Zip Code Arlington, VA 22209-2249 Name of Employer (Required)	Dato (Mo., Day, Year) 05/13/2015 Aggregate	receipt this period \$10,000.00
City, State, Zip Code Arlington, VA 22209-2249 Name of Employer (Required) Source: Corporation PAC Individual Loan	Dato (Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date	recoipt this period \$10,000.00 \$10,000.00 Amount of each receipt
City, State, Zip Code Arlington, VA 22209-2249 Name of Employer (Required) Source: Corporation PAC Individual Loan Other (please specify)	Dato (Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
City, State, Zip Code Arlington, VA 22209-2249 Name of Employer (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. George R. Rea Jr. Wailing Address PAC PAC Individual Loan Wailing Address	Dato (Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
City, State, Zip Code Source: Corporation PAC Individual Loan City State Specify) Mailing Address PAC PAC Arlington, VA 22209-2249 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Cother (please specify) Full Name Mr. George R. Rea Jr. Waifing Address PO Box 2090 City, State Zin Code	Dato (Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 \$10,000.00 Amount of each receipt this period

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Name of Candidate	or Committee	Friends Of Tate Reeves				
Reporting Period	05/01/2015	through	05/31/2015			

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions	05/01/2015	\$1,000.00
Mailing Address	03/0 02013	\$1,000.00
1900 5th Avenue N Floor 6		
City, State, Zip Code Birmingham, AL 35203-2610		
Name of Employor (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation D PAC Individual D Loan Cthor (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions Financial Corporation PAC	05/01/2015	\$1,500.00
Malling Address 1015 15th Street NW Suite 920		
City, State, Zip Gode Washington, DC 20005-2623		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full Name Rehabilitation Centers LLC Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Rehabilitation Centers LLC Mailing Address P.O. Box 1130 City State Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Magee, MS 39111-1130	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Rehabilitation Centers Lt.C Mailing Address P.O. Box 1130 City, State, Zip Code Magee, MS 39111-1130 Name of Employer (Required)	(Mo., Day, Year) 05/01/2015 Aggrogate	receipt this period \$2,500.00
The Other (please specify) Full Name Rehabilitation Centers Lt.C Mailing Address P.O. Box 1130 City, State, Zip Code Magee, MS 39111-1130 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/01/2015 Aggrogate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
The Other (please specify) Full Name Rehabilitation Centers Lt.C Mailling Address P.O. Box 1130 City, State, Zip Code Magee, MS 39111-1130 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) PAC	Aggrogate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Tother (please specify) Full Name Rehabilitation Centers Lt.C Mailing Address P.O. Box 1130 City, State, Zip Code Magee, MS 39111-1130 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) PAC Full Name Renasant Bank Employees Voluntary PAC	Aggrogate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Tother (please specify) Full Name Rehabilitation Centers Lt.C Mailling Address P.O. Box 1130 City, State, Zip Code Magee, MS 39111-1130 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) PAC Full Name Renasant Bank Employees Voluntary PAC Mailing Address PO Box 709 City, State Zip Code	Aggrogate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Reporting Period

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Source: Corporation PAC Individual Loan Colher (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RJ Corman Railroad Group LLC	05/13/2015	\$750.00
Mailing Address	33.13.23.13	φ/30.00
City, State, Zip Code Nicholasville, KY 40340-0788		
Name of Employer (Required)	:	
Оссыраtion (Required)	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. B. Robinson Jr.	05/25/2015	\$1,000.00
Mailing Address 49 Eastbrook Street		"
City, State, Zip Code Jackson, MS 39216-4714		
Name of Employer (Required) Retired		
Occupation (Required) N/A	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rolling Hills Ranch	05/13/2015	\$1,000.00
Malling Addross P.O. Box 7179		
City, State, Zip Code Jackson, MS 39282-7179		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rosenbaum Realty Company	05/15/2015	\$250.00
Mailing Address PO Box 2087		
City, State, Zip Code Meridian, MS 39302-2087		
Name of Employer (Required)		
Docupation (Required)	Aggregate Year-to-date	\$250.00

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Name of Candidate	or Committee	Friends Of Tate Reeves				
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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full Name Mr. W. Michael Russ	05/27/2015	\$1,000.00
Malling Address 705 Welford Court		
City, State, Zip Code Madison, MS 39110-7583		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC I Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr, Joe F. Sanderson Jr.	05/26/2015	\$10,000.00
Mailing Address PO Box 988		
City, State, Zip Codo Laurel, MS 39441-0988		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) GEO	Aggregate Year-to-date	\$10,000.00
Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
_	t - 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amanda Shumaker Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Brandon, MS 39047-8271 Description: Other (please specify) Amanda Shumaker 116 Colony Way Brandon, MS 39047-8271	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Regulred) Lakeside Moulding Inc Occupation (Required)	(Mo., Day, Year) 05/15/2015 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Required) Lakeside Moulding Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/15/2015 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Required) Lakeside Moulding Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Required) Lakeside Moulding Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Simmons	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Amanda Shumaker Mailing Address 116 Colony Way City, State, Zip Code Brandon, MS 39047-8271 Name of Employer (Required) Lakeside Moulding Inc Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Steve Simmons Mailing Address PO Box 4385 City, State, Zip Code	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. William Simmons	05/28/2015	\$1,000.00
Mailing Address 4911 Country Club Drive		V.11
City, State, Zip Code Meridian, MS 39305-1842		
Name of Employer (Required) Glover, Young, Walton and Simmons, PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation Description Description Description Description Description Description	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolina Sims	05/15/2015	\$1,000.00
Malling Address 4211 Втоокdale Street		
City, State, Zlp Gode Jackson, MS 39206-6106		
Name of Employer (Required) Butter Snow		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individuel Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Smart Start	05/13/2015	\$1,000.00
Mailing Address 4850 Plaza Dr		
City, State, Zlp Code Irving, TX 75063-2317		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Sutter Marvin Smith	05/19/2015	\$750.00
Mailing Address 405 Marquis Street		
City, State, Zip Code Jackson, MS 39208-4346		
Name of Employer (Required) Penn Life Insurance		
Occupation (Required) Owner	Aggregate Year-to-date	\$750.00

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Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southeastern Timber Products, LLC	05/21/2015	\$5,000.00
Mailing Address PO Box 5327		
City, State, Zip Code Jackson, MS 39296-5327		
Name of ≝ਜ਼ਮployer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation FAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Joe Stodmen	05/05/2015	\$1,000.00
Mailing Address 101 Gloucester Road		
City, State, Zlp Code Natchez, MS 39120-4509		
Name of Employer (Required) Natchez - Crye*Leike Stedman Realtors		
Occupation (Required) Broker	Aggregate Year-to-date	\$1,000.00
		t t
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Ofther (please specify)	Date (Mo., Day, Year)	receipt this period
□ Other (please specify) Full Name Kathryn B Stewart	Date (Mo., Day, Year)	receipt this period
Full Name Kathryn B Stewart Mailing Address 133 Woodland Hills Boulevard City State Zin Code	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Madison, MS 39110-7823 Description: Mailing Address Madison, MS 39110-7823	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kathryn B Stewart Mailing Address 133 Woodland Hills Boulevard City, State, Zip Code Madison, MS 39110-7823 Name of Employer (Required) Butter Snow	Date (Mo., Day, Year) - 05/12/2015 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Kathryn B Stewart Mailing Address 133 Woodland Hills Boulevard City, State, Zip Code Madison, MS 39110-7823 Name of Employer (Required) Butler Snow Occupation (Required) Government Relations Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 05/12/2015 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Kathryn B Stewart Mailing Address 133 Woodland Hills Boutevard City, State, Zip Code Madison, MS 39110-7823 Name of Employer (Required) Butler Snow Occupation (Required) Government Relations Source: Corporation PAC Individual Loan Tother (please specify)	Date (Mo., Day, Year) 05/12/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Kathryn B Stewart Mailing Address 133 Woodland Hills Boutevard City, State, Zip Code Madison, MS 39110-7823 Name of Employer (Required) Butler Snow Occupation (Required) Government Relations Source: Corporation PAC Individual Loan Other (please specify) Full Name Stonehenge Capital Company, LLC Mailing Address	Date (Mo., Day, Year) 05/12/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Kathryn B Stewart Mailing Address 133 Woodland Hills Boutevard City, State, Zip Code Madison, MS 39110-7823 Name of Employer (Required) Butler Snow Occupation (Required) Government Relations Source: Corporation PAC Individual Loan Other (please specify) Full Name Stonehenge Capital Company, LLC Mailing Address 191 West Nationwide Blvd. Suite 600 City, State Zip Code	Date (Mo., Day, Year) 05/12/2015 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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ITEMIZED RECEIPTS

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sunbelt Sealing, Inc.	05/29/2015	\$1,000.00
Mailing Address PO Box 3770		*
City, State, Zip Code Jackson, MS 39207-3770		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Đay, Year)	Amount of each roceipt this period
Full Name Swisher International, Inc.	05/15/2015	\$1,000.00
Malling Address PO Box 2230		
City, State, Zip Code Jacksonville, FL 32203-2230		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1, 00 0.0D
Source: Corporation FAC Individual Lan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Taylor	05/27/2015	\$1,000.00
Malling Address PO Box 886		<u>. </u>
City, State, Zip Code Louisville, MS 39339-0886		
Name of Employer (Required) Taylor Sudden Service Inc		an
Occupation (Regulred) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation D PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry C. Burton for Senate Campaign	05/28/2015	\$500.00
Mailing Address 101 Rew Street		
City, State, Zip Code Newton, MS 39345-2680		~
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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Source: Corporation PAC Individual La Loan	Date (Mo., Day, Year)	Amount of each receipt
Cher (bissas sheerily)	(1014-10-1)	this period
Full Namo The Beta Group Engineering and Construction Services	05/18/2015	\$500.00
Malling Addross 1428 1/2 Claire Ave		
City, State, Zip Code Gretna, LA 70053-7436		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Lean Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ms., J.F. Thompson Jr.	05/19/2015	\$1,000.00
Malling Address 4817 15th PI		
City, State, Zip Code Meridian, MS 39305-1736		•
Name of Employer (Required) The Thompson Group		
Occupation (Required) Insurance Sales	Aggregato Year-to-date	\$1,000.00
	1	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amanda Tollison Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amanda Tollison Mailing Address PO Box 1138 City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amanda Tollison Mailing Address PO Box 1138 City, State, Zip Code Oxford, MS 38655-1138	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amanda Tollison Mailing Address PO Box 1138 City, State, Zip Code Oxford, MS 38655-1138 Name of Employer (Required) Sutter Snow Occupation (Required)	(Mo., Day, Year) 05/14/2015 Aggregate	receipt this period \$1,000,00
Other (please specify) Full Name Amanda Tollison Mailing Address PO Box 1138 City, State, Zip Code Oxford, MS 38655-1138 Name of Employer (Required) Butter Snow Occupation (Required) Attorney Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/14/2015 Aggregate Year-to-date Date	\$2,000.00 Amount of each receipt
Other (please specify) Full Name Amanda Tollison Mailing Address PO Box 1138 City, State, Zip Gode Oxford, MS 38655-1138 Name of Employer (Required) Butter Snow Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/14/2015 Aggregate Year-to-date Date (Mo., Day, Yoar)	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name Amanda Tollison Mailing Address PO Box 1138 City, State, Zip Code Oxford, MS 38655-1138 Name of Employer (Required) Suffer Snow Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Triple D Farms	(Mo., Day, Year) 05/14/2015 Aggregate Year-to-date Date (Mo., Day, Yoar)	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 05/14/2015 Aggregate Year-to-date Date (Mo., Day, Yoar)	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tyson Foods, Inc.	05/14/2015	\$1,000.00
Mailing Address PO Box 2020		
City, State, Zip Code Springdale, AR 72765-2020		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Thad Varner	05/11/2015	\$1,000.00
Majling Address 2460 Meadowbrook Road		
City, State, Zip Code Jackson, MS 39211-6553		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `	1 t	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Namo Mr. Jason Voyles Malling Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Namo Mr. Jason Voyles Malling Addross 177 Saint Andrews Drive City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mr. Jason Voyles Malling Address 177 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211-2532	(Mo., Day, Year)	receipt this period
Other (please specify) Full Namo Mr. Jason Voyles Malling Addross 177 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211-2532 Name of Employer (Required) Spectrum Capital Occupation (Required)	(Mo., Day, Year) 05/13/2015 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Namo Mr. Jason Voyles Malling Addross 177 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211-2532 Name of Employer (Required) Spectrum Capital Occupation (Required) President Source: Corporation PAC Individual Lean	(Mo., Day, Year) 05/13/2015 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Mr. Jason Voyles Malling Address 177 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211-2532 Name of Employer (Required) Spectrum Capital Occupation (Required) President Source: Corporation PAC Individual Lean Other (please specify)	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name Mr. Jason Voyles Malling Address 177 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211-2532 Name of Employer (Required) Spectrum Capital Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Marcus L Wallace	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name Mr. Jason Voyles Malling Address 177 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211-2532 Name of Employer (Required) Spectrum Capital Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Marcus L Waltace Mailing Address 125 S. Congress Street Suite 1300	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

Name of	Candidate	ог	Сот	mit	tee

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Reporting Period 05/01/2015

__ through ____05/31/2015

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Tyler Walton	05/27/2015	\$500.00
Mailing Address PO Box 579		
City, State, Zip Code Marion, MS 39342-0579	.	
Name of Employer (Required) Citizens National Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Ameunt of each receipt this period
Full Name Richard B Webb	05/07/2015	\$500.00
Mailing Address 315 West 3rd St		
City, State, Zip Codo Pittsburg, KS 66762-4706		
Name of Employor (Required) Watco Companies		
Occupation (Required) Director	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loss		Amount of each
Source: Corporation PAC 🖾 Individual 🗆 Loss Other (please specify)	Date (Mo., Day, Year)	receipt this period
	1 I	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Officer (please specify) Full Name Mr. Richard Webster Mailing Artifress	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mr. Richard Webster Mailing Address 61 Hoy Road Gity State, Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mr. Richard Webster Mailing Address 61 Hoy Road City, State, Zip Code Madison, MS 39110-9737	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mr. Richard Webster Mailing Address 61 Hoy Road City, State, Zip Code Madison, MS 39110-9737 Name of Employer (Required) Key Constructors LLC	(Mo., Day, Year) 05/19/2015 Aggregate	receipt this period \$10,000.00
Other (please specify) Full Name Mr. Richard Webster Mailing Address 61 Hoy Road City, State, Zip Code Madison, MS 39110-9737 Name of Employer (Required) Key Constructors LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Other (please specify) Full Name Mr. Richard Webster Mailing Address 61 Hoy Road City, State, Zip Code Madison, MS 39110-9737 Name of Employer (Required) Key Constructors LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Mr. Richard Webster Mailing Address 61 Hoy Road City, State, Zip Code Madison, MS 39110-9737 Name of Employer (Required) Key Constructors LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Wellington Associates, Inc.	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
Officer (please specify) Full Name Mr. Richard Webster Mailing Address 61 Hoy Road Gity, State, Zip Code Madison, MS 39110-9737 Name of Employer (Required) Key Constructors LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Wellington Associates, Inc. Mailing Address PO Box 12029	(Mo., Day, Year) 05/19/2015 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period

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ITEMIZED RECEIPT	১
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Source: Corporation PAC Individual Loan Other (piease specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank B White	DEMENDAE	
Malling Address	05/25/2015	\$1,000.00
Po Box 368 City, State, Zip Code		
Bolton, MS 39041-0368		<u> </u>
Name of Employer (Required) Metro Mechiancal, Inc.	[
Occupation (Required) Construction	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Freddie White-Johnson	05/19/2015	\$500,00
Malling Address 121 Swan St.		
City, State, Zip Code Greenwood, MS 38930-6926		
Name of Employer (Required) Fannie Lou Hamer Cancer Foundation		
Occupation (Required) Founder and President	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Windham	05/29/2015	\$500.00
Full Name Kenneth Windham Mailing Address 94 Grandview Circle	05/29/2015	\$500.00
Kenneth Windham Mailing Address	05/29/2015	\$500.00
Kenneth Windham Mailing Address 94 Grandview Circle City, State, Zin Code	05/29/2015	\$500.00
Kenneth Windham Mailing Address 94 Grandview Circle City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Regulated)	05/29/2015 Aggregate Year-to-date	\$500.00 \$500.00
Kenneth Windham Mailing Address 94 Grandview Circle City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) iHeart Media	Aggregate	
Kenneth Windham Mailing Address 94 Grandview Circle City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) iHeart Media Decupation (Required) Market President Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$500.00 Amount of each receipt
Kenneth Windham Mailing Address 94 Grandview Circle City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) iHeart Media Occupation (Required) Market President Source: Corporation PAC Individual Loan Cher (please specify) PAC	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Kenneth Windham Mailing Address 94 Grandview Circle City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) iHeart Media Occupation (Required) Market President Source: Corporation PAC Individual Loan Other (please specify) Full Name Windstream PAC	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Address 94 Grandview Circle City, State, Zip Code Brandon, MS 39047-7398 Name of Employer (Required) iHeart Media Decupation (Required) Market President Source: Corporation PAC Individual Loan Other (please specify) PAC Full Name Windstream PAC Mailing Address 1201 W Peachtree St NE	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period

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-	

Name of Candidate	or Committee
Reporting Period	05/01/2015

Friends Of Tate Reeves

Source: Corporation C PAC C Individual C Loan C Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Worth Thomas Consultants	05/21/2015	\$2,000,00
Mailing Address PO Box 774		
City, State, Zip Code Jackson, MS 39205-0774		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas M Wright	05/14/2015	\$5,000.00
Mailing Address 254 S Front St Suite 501		
City, State, Zip Code Tupelo, MS 38804-4846		
Name of Employer (Required) Community Eldercare Services		
Occupation (Required) CEO	Aggregate	\$5,000.00
020	Year-to-date	
Source: Corporation PAC Individual Lean Other (please specify)	Pear-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individuel Lean	Date	Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. William G. Yates III	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. William G. Yates III Mailing Address 2104 Ward Lane City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. William G. Yates III Mailing Address 2104 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. William G. Yates III Mailing Address 2104 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 05/12/2015 Aggregate	Amount of each receipt this period \$5,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. William G. Yates III Mailling Address 2104 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Yates Construction Occupation (Required) Vice President Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) . 05/12/2015 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. William G. Yates III Malling Address 2104 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Yates Construction Occupation (Required) Vice President Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) . 05/12/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. William G. Yates III Malling Address 2104 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Yates Construction Occupation (Required) Vice President Source: Corporation PAC Individual Loan Other (please specify) Full Name William G. Yates Jr.	Date (Mo., Day, Year) . 05/12/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mr. William G. Yates III Malling Address 2104 Ward Lane City, State, Zip Code Biloxi, MS 39531-2318 Name of Employer (Required) Yates Construction Occupation (Required) Vice President Source: Corporation PAC Individual Loan Other (please specify) Full Name William G. Yates Jr. Malling Address 304 Dogwood St City, State, Zip Code	Date (Mo., Day, Year) . 05/12/2015 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period

05/01/2015

through

05/31/2015

Full Namo	ASAP Printing	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2801 Layfair Drive	05/23/2015	\$160.50
City, State, Zip Gode	Flowood, MS 39232-9501		
Purpose of Disburso Printing	mont (Optional)	Aggregate Year-to-date	\$501.46
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursment this period
Malling Address	PO Box 5093	05/04/2015	\$40.00
City, State, Zip Code	Carol Stream, IL 60197-5093		
Purpose of Disburse Internet Service	ment (Optional)	Aggregate Year-to-date	\$693.05
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 5093	05/23/2015	\$346,60
City, State, Zip Code	Carol Stream, IL 60197-5093		
Purpose of Disburse Internet Service	ment (Optional)	Aggregate Year-to-date	\$693,05
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 463	05/01/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disburse Grassroots Consu		Aggregate Year-to-date	\$45,098.39
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 463	05/15/2015	\$2,966.20
City, State, Zip Gode	Meadville, MS 39653-0463		
Purpase of Disburser Expense Reiumbu		Aggregate Year-to-date	\$45,098.39
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursment this period
Malling Addross	PO Box 463	05/29/2015	\$6,000.00
		 	
City, State, Zip Code	Meadville, MS 39653-0463		

Friends	Of	Tate	Reeves

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Name of Candidate or Committee

Reporting Period

05/01/2015

through

05/31/2015

Full Name	CLH Consulting, Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	575 Johnstone Dr.	05/07/2015	\$4,000.00
City, State, Zip Code		35072373	¥ .,
Purpose of Disbursen	Madison, MS 39110-7585	Aggregate	
Contribution Refun	·	Year-to-date	\$4,000.00
Fuli Name	Connect Strategic Communications	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1910 Pacific Avenue Suite 5050	05/01/2015	\$669.00
City, State, Zip Code	Dallas, TX 75201-4561		
Purpose of Disburson Digital Services	ent (Optional)	Aggregate Year-to-date	\$2,676.00
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Malling Address	328 Kingsbridge Road	05/16/2015	\$166.28
City, State, Zip Gode	Madison, MS 39110-8487		
Purpose of Disbursen IT Services	ont (Optional)	Aggregate Year-to-date	\$831.40
Full Neme	Fresh Cut Floral/Catering	Date (Mo., Day, Year)	Amount of each disbursment this period
Maiting Address	108 Cypress Cove	05/01/2015	\$2,657.42
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disburserr Catering	ent (Optional)	Aggregate Year-to-date	\$3,657,42
Full Name	Haley Grantaam	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	109 East Fork Orive	05/29/2015	\$1,500.00
City, State, Zip Gode	Florence, MS 39073-9189		
Purpose of Disbureeπ Payroll	ent (Optional)	Aggregate Year-to-date	\$1,500.00
Pułl Name	1360, LEC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2300 Clarendon Boulevard Suite 800	05/30/2015	\$3,150.00
City, Stafe, Zip Gode	Arlington, VA 22201-3382		
Purpose of Disbursem Consulting	enf (Optional)	Aggregate Year-to-date	\$3,150.00

Friends:	Of:	Tate	Reeves

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Name of Candidate or Committee

Reporting Period

05/01/2015

through

05/31/2015

Full Name	J. Walter Michel Agency	Date (Mo., Day, Year)	Amount of each disbursment this period
Malling Address	2660 Ridgewood Road Suite 101	05/01/2015	\$1,325.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disburser Office Rent	ment (Optional)	Aggregate Year-to-date	\$3,975.00
Full Name	Tate Lewis	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	201 West Capitol Street	05/29/2015	\$876.75
City, State, Zip Code	Jackson, MS 39201-2005		
Purpose of Disburser Expanse Reimbur		Aggregate Year-to-date	\$1,788.00
Full Name	Mahaffey Quailty Pซinting	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	355 W Pearl Street	05/23/2015	\$1,375.92
City, State, Zlp Code	Jackson, MS 39203-3002		
Purpose of Disburser Printing	nent (Optional)	Aggregate Year-to-date	\$1,375.92
Fufi Name	Kristin C McDevitt	Date (Mo., Đay, Yoar)	Amount of each disbursment this period
Mailing Address	158 Mason Way	05/07/2015	\$87.00
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disburser Expense Raimburs		Aggregate Year-to-date	\$3,164.22
Full Name	Nick Clark Printing and Signs	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	985 Highway 51 Suite 4	05/01/2015	\$1,013.29
City, State, Zip Code	Madison, MS 39110-8922		
Purpose of Disbursen Printing	nent (Optional)	Aggrogate Yoar-to-date	\$1 ,013.29
Full Name	James T Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	548 Mount Olive Road	05/01/2015	\$4,000.00
City, State, Zip Code	Prentiss, MS 39474-4319	1	

Friends	OF:	Total	Regues	

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Name of Candidate or Committee

Reporting Period

05/01/2015

_ through

05/31/2015

Full Name	James T Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	548 Mount Olive Road	05/29/2015	\$4,000.00
City, State, Zip Code	Prontiss, MS 39474-4319		
Purpose of Disburse Grassroots consu		Aggregate Year-to-date	\$10,342.00
Full Name	James T Poavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	548 Mount Olive Road	05/29/2015	\$2,342.00
City, State, Zip Code	Prentiss, MS 39474-4319		
Purpose of Disburse Grassroofs consu		Aggregate Year-to-date	\$10,342.00
Full Name	Quality Printing, Inc	Date (Mo., Day, Year)	Amount of each disburement this period
Mailing Address	PO Box 23999	05/07/2015	\$989.00
City, State, Zip Code	Jackson, MS 39225-3999		
Purpose of Disburse Printing	ment (Optional)	Aggregate Year-to-date	\$969.00
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Highway 469 S	05/08/2015	\$2,581.27
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disburse Printing	ment (Optional)	Aggregate Year-to-date	\$4,524.39
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Malling Address	642 Highway 469 S	05/08/2015	\$1,051.81
Gity, Sfate, Zip Gode	Florence, MS 39073-9064		***************************************
Purpose of Disburser Printing	ment (Optional)	Aggregate Year-to-date	\$4,524.39
Full Name	The Embroidery Shop	Đate (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 398	05/30/2015	\$1,669.50
City, State, Zip Code	Meadville, MS 39653-0398		
Purpose of Disburser	ment (Optional)	Aggregate Year-to-date	\$1,669.50

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Namo of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 05/01/2015

through

05/31/2015

Fuli Name	Triumph Campaigas	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 12243	05/01/2015	\$10,000,00
Clty, State, Zip Code	Jackson, MS 39238-2243		
Purpose of Disburson: General Consulting		Aggregate Year-to-date	\$60,000.00
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 12243	05/29/2015	\$10,000.00
City, State, ZIp Code	Jackson, MS 39236-2243		
Purpose of Disbursem General Consulting	· ·	Aggregate Year-to-date	\$60,000.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 114	05/01/2015	\$208.66
City, State, Zlp Code	Jackson, MS 39205-0114		
Purpose of Diabursem Credit Card Paymer		Aggregate Year-to-date	\$26,336.99
Full Namo	Frustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 114	05/01/2015	\$2,024.77
Clly, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursem Credit Card Paymer		Aggregate Yoar-to-date	\$26,336.99
Full Name	Trustmark National Bank Credit Card Centor	Date (Mo., Day, Year)	Amount of each disbursment this period
Malling Address	F'O Box 114	05/16/2015	\$838.40
City, State, Zlp Code	Jackson, MS 39205-0114		
Purpose of Disburseme Credit Card Paymer		Aggregate Year-to-date	\$26,336.99
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursment this period
Malfing Address	PO Box 114	05/16/2015	\$3,275.06
City Chate The Code			
Pity, State, Zlp Code	Jackson, MS 39205-0114		

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

	Delbert Hosemann SECRETARY OF STATE
F	ECEIVE
	JUN 1 0 2015
│	Campaign Finance Secretary of State
L	Secretary of State

TIM JOHNSON Name of Candidate **MADISON** P O BOX 1456 MADISON MS 39130 County 601-955-6672 601-955-6672 N/A Telephone (Work) (Home) LINDA MEELER Igmeeler@gmail.com **Contact Name Email Address** LIEUTENANT GOVERNOR DEMOCRATIC Office Sought Political Party Check here if above is different from previous report **TYPE OF REPORT** All Primary Candidates and Political Committees All Primary Candidates and Political Committees in a Runoff Election (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015) All Candidates and Political Committees All Candidates and Political Committees in a Runoff Election Required to terminate Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no reporting obligations outstanding campaign debt obligation)

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii)
- The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar This Period Non-Itemized **Itemized** year-to-date 66,650.00 Total amount of contributions \$ \(\(\lambda \) 5 50.00 +\$ 108,175.00 100.00 9178,52 23 152.21 Total amount of disbursements \$ \$23595+\$ 85 *022.*79 Total amount of cash on hand

tify that i have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. 6-9-2015

Signature of Candidate

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).

- 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) 576-2545
- 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

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Page	1	οf	12
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Name of Candidate	or Commit	tee Ti	M JOHN	ISON		
Reporting period _	IYAM	2015	through	MAY	31 2015	-
	ľ	TEMI	ZED I	REC	EIP	ΓS

A. Source: Corporation PAC Individual Loan Amount of each receipt (Mo., Day, Year) Other (please specify)_ this period Full name 1 22 / 15 \$ 250,00 YOUSIF T. **Mailing Address** \$ City, State, Zip Code Drive lves 39110 Madison MS Name of Employer (Required) Occupation (Required) Aggregate \$ 750.00 year-to-date Corporation PAC N Individual B. Source: Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 5/22/15 \$ 5000 Saleh Μ. Mailing Address Bellingham City, State, Zip Code 39110 Madison Ms Name of Employer (Required) Occupation (Required) Aggregate \$ 500.00 year-to-date C. Source Corporation PAC Individual Amount of each **Date** receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 300.00 M.A. MR AND MRS KHAN Mailing Address 208 AUTUMN Court Brook City, State, Zip Code Madison, MS 39u0 Name of Employer (Required) Occupation (Required) Aggregate \$ 300.0 year-to-date Individual [D. Source: Loan Amount of each **Date** receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 250.00 ARAIN M . **Mailing Address** Cedars 540 Twin $\mathcal{D}\iota$. City, State, Zip Code \$ madison, Ms 39110 Name of Employer (Required) Occupation (Required) Aggregate 250,00 year-to-date

Name of Candidate or Comm	nittee T	IM JOH	NSON	
Reporting period MAY I	2015	_ through _	MAY 3	1 2015
	ITEMI	ZED F	RECE	IPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	15/22/15	\$ [250.00
Farhan Nafis Mailing Address		
401 William Glen Court	1_11_1	\$
City, State, Zip Code		¢ [
Madison MS 39110	1/1	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	6 [0-10
	year-to-date	\$ 250,00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	15/16/19	\$ [65,000,00]
TIM JOHNSON	13 / 10 / 114	00,000,00
Mailing Address	Γ Γ Γ	\$
P.O. BOX 1456		
City, State, Zip Code MAD (SON US 39BO)		\$
MAD (SON MS 39130) Name of Employer (Required)		\$
	<u> </u>	Ψ
Occupation (Required)	Aggregate year–to-date	\$ 90,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		•
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		\$
Mailing Address		\$
City, State, Zip Code	F.F.	\$
	<u>'-'-'</u>	
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$

Name of Candidate or Committee TIM JOHNSON

Reporting period MAY 1, 2015 through MAY 31, 2015

A. Full name Kroger (Fuel)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hoy Road	5/7/15	\$ 62.00
City, State, Zlp Code Madison, MS	//	\$
Purpose of Disbursement (Optional) Fue (Aggregate Year-to-date	\$ 305.25
B. Full name Sign Rocket-COM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address On Wine	5,19,15	\$ 872.50
City, State, Zip Code www. Sign Rocket, com	//	S
Purpose of Disbursement (Optional) ららから	Aggregate Year-to-date	\$ 872.50
C. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1-55 North	5/27/15	\$ 385.45
City, State, Zip Code Jackson MS 39211	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 385.45
D. Full name Linda Meeler	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 5264	5/7/15	\$1,000.00
City, State, Zip Code Brandon MS 39047	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,650.00
E. Full name Discount Office Furniture	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address S. State Street	5/13/15	\$ 2,916.00
City, State, Zip Code Jackson MS	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,916.00
F. Full name white	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4248 Forest Park Dr.	<u>5,20,15</u>	\$ 3000.00
City, State, Zip Code Jackson MS 39211	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6500.00

REPORT O	Political Control of the Political Control of	SBURSEMENTS	JUN 1 0 2015
Hemm of Committee Tox Scoters &	L WING	Telson McElher	200
	Stechens Rd		Campaign Finance Secretary of State
Tolephone 101-517-3938	Prentis	Strapes T " " " " Washington Strategy and the Strategy an	Coolana Dr. Astagrate
	 	, FREE	
Tressure Linda Penningt	<i>DD</i>	Half Valdaces T 2500	ion liante Globotoni
Charte here if above to different from p			
Heay 5, 2016 Periodic Report (January 1, 2)	15, through April 30, 20	OF REPORT	Mandatory
X June 18, 2016 Periodic Report (May 1, 201	8, through May 31, 2016)	Mendistory
July 10, 2015 Periodic Pepart (June 1, 201		나를 하는 사람이 아이들이 되었다. 이 가는 사이지 않는데 하는데 아이트를 되었다.	200일 (B.) : [1] 1 :
July 29, 2016 Pre-Bestlen Report (Ady 1,	2015, through July 25, 2	015)	Winery Conditions and Political Committees
		st 15, 2015)	
October 9, 3016 Periodic Report (Ady 1, 2	118, through September	30, 2015)	Mandatory
October 27, 3016 Pro-Mecker Report	ts, mough October 24, 2016 Brough Claimber 24, 2016	15) 5)	All Conditions and Political Committees
November 17, 2016 Pre-Russoff Regiert (Oc	tober 25, 2015, Excupt	November 14, 2018}	
January 8, 2816 Periodic Report (October	S015 Househ Decem		nd Political Committees in a Russell Election
Termination Report (Candidate will no longer a outstanding damping of any con-	compt contributions or make		
	Mark Mark		1901019 00000
(1) Fro-Maction reports are mandatory, even if no or indicating "0" (Zero) for total amount of reported	couppropose and extensions appropriate in entrangent exception	en have accurred, in such case, t Sharen during this period.	he condidate shall subset a report
 Until a Candidate fine a Terreinedict Report, env. and (8). 	uul and perludic reperts s	was employed in the second and little sew	th Maje. Code Acre. § 23-15-867 (b) (b)
(2) The receiving authority result to in actual receipt holiday, the office must be in actual repulsit of in acceptable.	of the required reports by requires reports by 8386	SAR pure, an the reporting day. I pure, on the limit working day bed	Files deadles falls on a treatment or a are the deadless. Faxed reports are
Nemized +	reistonten gogtalent Non-Remised	KNA Adajaminaskatnin This Period	Galendar Year-To-Date
Total amount of contributions +500,8+s	<i>9</i> , ⊘(6	* 01C .	17.715.8
Total amount of ellebrarounupus \$ 1338 \$	-0-	* 1.338.**	• 1.338.
Total amount of count on bond		· 6.377.9	
20xxxx		Color Color	Accounts, band comprises. CUOUT So by extents with reports shall report to
SERIO TO: 1. Condition for Statement, State Diserte Division, P. O. See 124, Jeolesen, Mill 3 2. Conditions for County-ville and County 3. Conditions for Standages office absolu		***************************************	

Page <u>T</u> of <u>M</u>

Heme of Carrificiate or Committee Alisto Delson McFlberroe
Reporting period 1004 1 2015 through 1004 31 2015
Reporting period 100 1 1 2015 through 100 31 2015 TEMIZED RECEIPTS

Company (Max. Day, Year) Company (Max. Day,	
Discription PAC Secretary Lore	
The following PAC of Secretary Laws Laws Compared to the content of the conte	
R. Bources: Composition PAC Succession Lown Control Co	
COPUTATION TOTAL 39345 E. Sources: Corporation PAC (2 and established Liber) Date Amount of size	COST COST COST COST COST COST COST COST
R. Sources: Compared to PAC Of Sectivation Labor Code Amount of one	COSETA CONTROL OF THE PROPERTY OF SHAPE
B. Source: Corporation PAC of Individual Liter Corporation Amount of one	COST) Here to the Amount of each
B. Source: Corporation PAC Control and Control	De betriebten Dein Armonet of each
Other (please specify)	(Mb., Day, Year)
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Principal Address	
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C. Source (1) Control (1994) PAY	April 1 (a)50.5
Date Tracelot	The same of the sa
	Individual Loss Date Amount of each
The parties	Individual Long Dele Amount of each receipt (No. Day, Year) (No period
	Individual Leas Dela Amount of each receipt this period
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	Individual Least Deale Amount of each receipt this period
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Charles Addition Charles Addi	Individual Loss Continue of each receipt file period Continue of each receipt file period
Commence (Person of Amount of each other (pieses specify) Mo., tray, Year) This period	Individual Loss Continue of each receipt file period Continue of each receipt file period
Committee Reserved PAS Inchristee Inchri	Individual Loss Company of each receipt file period Company of each receipt file period
Comments (Corporative) PAC Incitividad Lotte Corporative Corporative PAC Incitividad Lotte Corporative Corporative PAC Incitividad Lotte Corporative Corporative Corporative PAC Incitividad Lotte Corporative Corpora	Individual Loss Date (No. Day, Year) Amount of each receipt file period Company Compa
Committee (Parameter)	Individual Loss Amount of each receipt file period Company Company

Pepting of h

Reporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

Campaign SideKick LLC	(Mo., Dey, Year)	Amount of each distancement this period
1550 Old Annetta Road	5/1/15	\$ 1198. 4 Check
Alego TX TIME		\$ -0-
Parpada of (Material Copulation)	Approprie Year-to-take	* 1198.99
Services Payment	Dete	Aznount of such
Alisto Nelson McElhenna (self)	(Mo., Day, Year)	disbursement this period
2012 Bacacoula River Rd.	2.6372	* 100. ªA
Moss Port M3 39562	5 30 15	* 40 ·*
Travel ceimponement	Aggregate Yest-to-this	* 140. **
C. FOE name	Date (Me., Day, Year)	Amount of each disturbant this period
11-7 × 11-11	/	\$
City, Suite, 2's Code	!!	\$
Purpose of Disturpement (Options)	Aggregate Year-to-finte	\$
D. Fall region	Cote (Mo., Day, Yest)	Amount of each classical
Marie Adding	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5
City, seems, Exp Code	1_/_	\$
Purpose of Distancement (Cyronic)	Appropria	*
C. Full name	Year-to-date Oute	Amount of tack
	(Mo., Day, Year)	disbursement this period
		\$
City, Made, Elp Code	_1_/	8
Purpose of District Contains	Aggregate Year-to-date	\$
F. Pull value	Dete	Appent of each
Myling Address	(Blo., Day, Year)	\$
City, State, Zip Code		\$
Perpose of Statement and Confermal	Approprie Ventile-date	2

B444-06

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF STATE IIIN 1 6 2015 Campaign Finance

Delbert Hosemann

2015 Election Name of Candidate Secretary of State Address (Home Telephone (Work **Email Address Contact Name Political Party** Office Sought Check here if above is different from previous report TYPE OF REPORT All Primary Candidates and Political Committees All Primary Candidates and Political Committees in a Runoff Election October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) All Candidates and Political Committees (Independent Candidates report January 1, 2015 through October 24, 2015) All Candidates and Political Committees in a Runoff Election January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) Regulred to terminate _Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no reporting obligations outstanding campaign debt obligation) IMPORTANT Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report Indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

lte	mized	+ Non-Itemized	TIONS AND DISBURSEMENTS This Period	Calendar year-to-date
Total amount of contributions \$	<u>(*)</u>	+\$ ()	\$ <u></u>	s 集 命る
Total amount of disbursements \$	0	+\$ \$70	\$ %ö	\$ 650
Total amount of cash on hand	0	Ö	s () ny knowledge and belief it is true, ac	

Signature of

Authority: Refekto 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 chall result in fines of \$50 per day and/or prosecution in accordance with Miss, Code Ann. §§ 23-15-811 and 813 (1972).

- .. 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) 576-2545 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

Candidate

REPORT OF RECEIPTS AND DISBURSEME

Γ.			Delbert Hosemann SECRETARY OF STATE	
-	ח	上	CEIVE	
177	K	ل ا	UN 1 2 2015	
	1 1	لب Ca	mpaign Finance	

2015 Election TI JUN 1 2 2013	
Name of Candidate Patrick Williams Campaign Finance Campa	;e
AV 29.73 W Secretary of State	<u>e</u>
Address 176 Jeff Davis are Bilax. Ms "County Merrison	
Telephone (Work) 228-207-2990 (Home) (Fax)	
Contact NameEmail Address_ \$\(\rho\ku\)38 @ (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Office Sought Representative 115 Political Party Republican	
Check here if above is different from previous report	
TYPE OF REPORT	Mandatanı
May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	.Mandatory
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	. Mandatory al Committ e es
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015) All Candidates and Political (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory I Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	
January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to te	erminate
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.	
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-	
(3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a week holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reparts acceptable.	kend or a orts are
PERCETED CONTRIBUTIONS AND DISRURSEMENTS	

REPORTED CONTRIBUTIONS AND DIS Calendar This Period Non-Itemized year-to-date Itemized \$ \$ +\$ Total amount of contributions \$ \$ \$ +\$ Total amount of disbursements \$ \$ Total amount of cash on hand nd to the best of my knowledge and belief it is true, accurate, and complete. Date

Signature of Candidate 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 eccordance 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).

- 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) 576-2545
- 2. Candidates for County-wide and County-District offices should return forms to their County Circuit Clerk
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2015 ELECTION CYCLE

Delbert Hosemann SECRETARY OF STATE

REPORT OF RECEIPTS AND 0 SBURSEMENTS MAY 0 8 2015
Name of Candidate Rosa B, W. H. ans Campaign Finance Secretary of State
Address Hatticsburg MJ. 39404 County Forcest Secretary of State
Telephone (Work) (Home) 601 - 134 - 582 v (Fax)
Contact Namo 5 h & wa O' H a r q Email Address
Office Sought Lt. Governor Political Party Reform
Check here if above is different from provious report
May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)
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All Gandidates and Explicit Committees in a Nation Election
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)
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