

Candidate  
REPORT OF RECEIPTS AND  
DISBURSEMENTS

Name of Candidate Tate Reeves

Address PO Box 24355 Jackson, MS 39225

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name Mr. Terry Reeves Email \_\_\_\_\_

Office Sought Lieutenant Governor Political Party \_\_\_\_\_



☐ Check here if above is different from previous report

**TYPE OF REPORT**

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**  
All Primary Candidates and Political Committees

August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)..... **Runoff Candidates Only**  
All Primary Candidates and Political Committees in a Runoff Election

October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)..... **Mandatory**

October 27, 2015 Pre-Election Report..... **Mandatory**  
(Primary Election Winners report October 1, 2015, through October 24, 2015) All Candidates and Political Committees  
(Independent Candidates report January 1, 2015 through October 2015)

November 17, 2015 Pre-Runoff Report..... **Mandatory**  
All Candidates and Political Committees in a Runoff Election

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 terminate reporting obligations**

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such cases, the candidate shall submit a report 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. 23-15-007 (b) (ii) and (iii).
- (3) The receiving authority 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

**REPORTED CONTRIBUTIONS AND DISBURSEMENT**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$272,050.00 + \$10,408.00	\$282,458.00	\$558,559.13
Total amount of disbursements	\$75,292.43 + \$87.00	\$75,379.43	\$282,568.85
Total amount of cash on hand		\$2,630,369.95	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

6/10/2015

Date

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

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

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



Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

05/01/2015

through

05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Phil Abernethy	05/13/2015	\$1,000.00
Mailing Address 137 Eastpointe Circle		
City, State, Zip Code Madison, MS 39110-7850		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name AC Farms LLC	05/13/2015	\$1,000.00
Mailing Address P.O. Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Adams & Reese LLP	05/13/2015	\$1,000.00
Mailing Address 1018 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-2060		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 05/01/2015through 05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Chris Anderson	05/20/2015	\$1,000.00
Mailing Address 1225 N State Street		
City, State, Zip Code Jackson, MS 39202-2064		
Name of Employer (Required) Baptist Health Systems		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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, Zip Code Jackson, MS 39205-0290		
Name of Employer (Required) Phelps Dunbar, LLP		
Occupation (Required) Senior Partner	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name AstraZeneca	05/24/2015	\$1,000.00
Mailing Address 4274 Raleigh Way		
City, State, Zip Code Tallahassee, FL 32311-3336		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baker Services	05/13/2015	\$1,000.00
Mailing Address PO Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

05/01/2015

through

05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 1088 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-8807		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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		
City, State, Zip Code Feasterville Trevose, PA 19053-6964		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt 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) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny A Belk	05/14/2015	\$500.00
Mailing Address 7408 Altala Road 5053		
City, State, Zip Code Ethel, MS 39067-5692		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves  
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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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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		
City, State, Zip Code Ridgeland, MS 39157-8886		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BFM Corporation	05/19/2015	\$1,000.00
Mailing Address 534 Williams Blvd		
City, State, Zip Code Kenner, LA 70062-7672		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BNSF Railway Company	05/05/2015	\$1,000.00
Mailing Address 5280 E Shelby Drive		
City, State, Zip Code Memphis, TN 38118-7503		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

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Full Name Mr. Lucien L. Bourgeois	05/11/2015	\$1,000.00
Mailing 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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) Insurance Agent	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willie Bozeman	05/19/2015	\$1,000.00
Mailing Address 770 N West Street		
City, State, Zip Code Jackson, MS 39202-3017		
Name of Employer (Required) Self		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bracken Heavy Haul LLC	05/31/2015	\$1,000.00
Mailing Address PO Box 1707		
City, State, Zip Code Ridgeland, MS 39158-1707		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brandon Lighting, Inc.	05/26/2015	\$1,000.00
Mailing 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Phillip Buffington	05/06/2015	\$1,000.00
Mailing Address 4001 Roxbury Road		
City, State, Zip Code Jackson, MS 39211-6350		
Name of Employer (Required) Adams and Reese		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bums Cooley Dennis, Inc.	05/19/2015	\$500.00
Mailing Address PO Box 12828		
City, State, Zip Code Jackson, MS 39236-2828		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00



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through

05/31/2015

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Lee R. Bush	05/19/2015	\$1,000.00
Mailing Address 432 Buena Vista Avenue		
City, State, Zip Code Jackson, MS 39209-6405		
Name of Employer (Required) National Collection Systems		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	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)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Phyllis Y. Cado	05/30/2015	\$500.00
Mailing Address 177 Phillips Hill Road		
City, State, Zip Code Columbus, MS 39702-8297		
Name of Employer (Required) N/A		
Occupation (Required) Retired Schoolteacher	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. John D Calhoun	05/01/2015	\$2,000.00
Mailing Address 3 Southern Oaks Drive		
City, State, Zip Code Clinton, MS 39058-9406		
Name of Employer (Required) IMS Engineers		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 05/01/2015

through 05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Don B Cannada	05/12/2015	\$1,000.00
Mailing Address 4110 Sandridge Drive		
City, State, Zip Code Jackson, MS 39211-6550		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. R. Barry Cannada	05/27/2015	\$1,000.00
Mailing Address 827 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1740		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael D Caples	05/31/2015	\$1,000.00
Mailing Address 303 Vinca Cove		
City, State, Zip Code Madison, MS 39110-6529		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Tommie Cardin	05/26/2015	\$1,000.00
Mailing Address 303 Bordeaux Drive		
City, State, Zip Code Clinton, MS 39056-5761		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

05/01/2015

through

05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neely Carlton	05/15/2015	\$1,000.00
Mailing Address 408 W Parkway Pl		
City, State, Zip Code Ridgeland, MS 39157-6010		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations Director	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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
Mailing 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dr. Robert J. Cater	05/21/2015	\$500.00
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	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bobby Chain	05/01/2015	\$2,000.00
Mailing Address 107 Natalie Ln		
City, State, Zip Code Hattiesburg, MS 39402-3080		
Name of Employer (Required) Chain Electric Co		
Occupation (Required) President & CEO	Aggregate Year-to-date	\$2,000.00

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through 05/31/2015

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Chain	05/01/2015	\$2,000.00
Mailing Address 1308 W Pine Street		
City, State, Zip Code Hattiesburg, MS 39401-6338		
Name of Employer (Required) Chain Electric Co		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chain Electric Co	05/01/2015	\$1,000.00
Mailing 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chalkable	05/29/2015	\$1,000.00
Mailing Address 739 N University Blvd Suite 2000		
City, State, Zip Code Mobile, AL 36608-4579		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Check Into Cash, Inc.	05/26/2015	\$1,000.00
Mailing Address 201 Keith Street SW, STE 80		
City, State, Zip Code Cleveland, TN 37311-5867		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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05/01/2015

through

05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Donald Clark	05/14/2015	\$1,000.00
Mailing Address PO Box 6010		
City, State, Zip Code Ridgeland, MS 39158-6010		
Name of Employer (Required) Butler Snow O'mara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please 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 Code Madison, MS 39110-6520		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clean Energy	05/01/2015	\$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-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comer Capital Group LLC	05/28/2015	\$1,000.00
Mailing Address 1880 Lakeland Drive Ste C		
City, State, Zip Code Jackson, MS 39216-4916		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tatro Reeves

Reporting Period

05/01/2015

through

05/31/2015

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 Code Jackson, MS 39216-4203		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Coopwood Communications, Inc.	05/14/2015	\$500.00
Mailing 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: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornerstone Government Affairs, LLC	05/22/2015	\$1,000.00
Mailing Address 188 E Capitol Street Suite 910		
City, State, Zip Code Jackson, MS 39201-2129		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name CSX Transportation	05/26/2015	\$500.00
Mailing Address P.O. Box 44057		
City, State, Zip Code Jacksonville, FL 32231-4057		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name D & C Limited Investments, LLC	05/13/2015	\$1,000.00
Mailing Address 1059 Devinay Drive		
City, State, Zip Code Raymond, MS 39154-8387		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please 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: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denbury Resources PAC	05/11/2015	\$4,000.00
Mailing Address 5320 Legacy Drive		
City, State, Zip Code Plano, TX 75024-3127		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denbury Resources, Inc.	05/18/2015	\$1,000.00
Mailing Address 5320 Legacy Drive		
City, State, Zip Code Plano, TX 75024-3127		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Brothers, Inc.	05/14/2015	\$1,000.00
Mailing Address PO Box 8717		
City, State, Zip Code Jackson, MS 39282-8717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Construction Company, Inc.	05/13/2015	\$1,000.00
Mailing Address PO Box 8717		
City, State, Zip Code Jackson, MS 39282-8717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deviney Equipment	05/14/2015	\$1,000.00
Mailing Address PO Box 7179		
City, State, Zip Code Jackson, MS 39282-7179		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Richard M Dye	05/15/2015	\$1,000.00
Mailing Address 4120 Crestview Drive		
City, State, Zip Code Jackson, MS 39211-6401		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00



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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eli Lilly 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 Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. John England	05/27/2015	\$1,000.00
Mailing Address 2034 Petit Bois Street S		
City, State, Zip Code Jackson, MS 39211-6709		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Trudy Fisher	05/28/2015	\$1,000.00
Mailing Address 602 Winteridge Place		
City, State, Zip Code Ridgeland, MS 39157-4182		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Freedom Prosthetics	05/19/2015	\$500.00
Mailing Address 303 East Marion Street		
City, State, Zip Code Crystal Springs, MS 39058-2795		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Leland S. Garrett	05/19/2015	\$250.00
Mailing Address 2659 Livingston Road		
City, State, Zip Code Jackson, MS 39213-6926		
Name of Employer (Required) K & S Chemical Manufacturing, Co., Inc.		
Occupation (Required) Incorporator	Aggregate Year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathi Lee Grace	05/11/2015	\$1,500.00
Mailing Address 210 Lake Harbor Landing		
City, State, Zip Code Ridgeland, MS 39157		
Name of Employer (Required) Lucky Star Promotions Inc		
Occupation (Required) Principal	Aggregate Year-to-date	\$1,500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Hardy P Graham	05/18/2015	\$1,000.00
Mailing Address PO Box 5207		
City, State, Zip Code Meridian, MS 39302-5207		
Name of Employer (Required) Meridian Coke		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Thomas G. Gresham	05/19/2015	\$1,000.00
Mailing Address 105 E. Gresham Street		
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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W. W. Gresham III	05/28/2015	\$1,000.00
Mailing Address PO Box 690		
City, State, Zip Code Indianola, MS 38751-0690		
Name of Employer (Required) Gresham Petroleum		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kentray Hairston	05/19/2015	\$1,000.00
Mailing Address 108 Seville Way		
City, State, Zip Code Madison, MS 39110-8170		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Roger L Hancock	05/06/2015	\$5,000.00
Mailing Address 2284 Highway 433 S		
City, State, Zip Code Benton, MS 39040-9131		
Name of Employer (Required) WOSO Red Hancocks		
Occupation (Required) Construction	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (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, Zip Code Jackson, MS 39202-1234		
Name of Employer (Required) IMS Engineers		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Hoffman	05/18/2015	\$500.00
Mailing Address PO Box 16875		
City, State, Zip Code Jackson, MS 39236-6875		
Name of Employer (Required) Tico's Steak House		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hol-Mac Plant #1	05/27/2015	\$1,000.00
Mailing Address PO Box 349		
City, State, Zip Code Bay Springs, MS 39422-0349		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Jetson G Hollingsworth	05/15/2015	\$1,000.00
Mailing Address 2253 Wild Valley Drive		
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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Huntington Ingalls 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul A Hurst	05/28/2015	\$1,000.00
Mailing Address 2210 Culleywood Road		
City, State, Zip Code Jackson, MS 39211-5815		
Name of Employer (Required) Butler Snow		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Independent Insurance Agents of Mississippi PAC	05/14/2015	\$1,000.00
Mailing Address 124 Riverview Dr		
City, State, Zip Code Flowood, MS 39232-8908		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J5 GBL, LLC	05/19/2015	\$2,000.00
Mailing Address PO Box 2448		
City, State, Zip Code Columbus, MS 39704-2448		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jackson Excavating	05/13/2015	\$1,000.00
Mailing 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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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
Mailing Address 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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		
City, State, Zip Code Jackson, MS 39208-3721		
Name of Employer (Required) Jacobs Robert Attorney at Law		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 Code Jackson, MS 39211-4928		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) LLP	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jones Walker LLP	05/21/2015	\$2,500.00
Mailing Address PO Box 427		
City, State, Zip Code Jackson, MS 39205-0427		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John R Junkin III	05/05/2015	\$1,000.00
Mailing Address P O Box 1082		
City, State, Zip Code Natchez, MS 39121-1082		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00



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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Samuel W Keyes Jr.	05/15/2015	\$1,000.00
Mailing Address 202 Valley Road		
City, State, Zip Code Ridgeland, MS 39157-9105		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alexa Lampkin	05/19/2015	\$250.00
Mailing 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	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Learning Through Sports, Inc.	05/06/2015	\$1,000.00
Mailing Address 1063 Narrows Way Suite C		
City, State, Zip Code Birmingham, AL 35242-8682		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt 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 39403-1470		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shirley Lee	05/25/2015	\$10,000.00
Mailing Address 402 Daniel Drive		
City, State, Zip Code Brandon, MS 39047-7396		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$10,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lucky Star Enterprises Inc.	05/07/2015	(\$1,500.00)
Mailing Address 532 Mockingbird Circle		
City, State, Zip Code Brandon, MS 39047-7363		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Frank P Marascalco	05/26/2015	\$500.00
Mailing Address 2585 Jackson Avenue Extension		
City, State, Zip Code Grenada, MS 38901-9331		
Name of Employer (Required) Marascalco Sav Mor Drugs		
Occupation (Required) Pharmacist	Aggregate Year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryan McDonald	05/27/2015	\$500.00
Mailing Address 602 Northlake Ave		
City, State, Zip Code Ridgeland, MS 39157-1708		
Name of Employer (Required) Horne LLP		
Occupation (Required) CPA	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David McMillin	05/20/2015	\$1,000.00
Mailing Address 1025 Annandale Drive		
City, State, Zip Code Madison, MS 38110-9450		
Name of Employer (Required) Xerox Corporation		
Occupation (Required) Pricing & Contracts Consultant	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. John W McPherson Jr.	05/19/2015	\$1,000.00
Mailing Address PO Box 690		
City, State, Zip Code Indianola, MS 38751-0690		
Name of Employer (Required) McPherson Oil		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Merck Sharp & Dohme Corporation	05/01/2015	\$1,000.00
Mailing Address 304 Mossy Oak Court		
City, State, Zip Code Antioch, TN 37013-7313		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Meridian Southern Railway, LLC</u>	<u>05/20/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>25 Delphine St</u>		
City, State, Zip Code <u>Owego, NY 13827-1008</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Lee D Miller</u>	<u>05/28/2015</u>	<u>\$500.00</u>
Mailing Address <u>222 Bellewether Pass</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8762</u>		
Name of Employer (Required) <u>Miller Transporters Inc</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mills &amp; Mills Architects, PC</u>	<u>05/19/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>817 Hwy. 1 South</u>		
City, State, Zip Code <u>Greenville, MS 38701-5962</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MISS Life Under PAC</u>	<u>05/22/2015</u>	<u>\$1,000.00</u>
Mailing Address <u>5475 Executive Place</u>		
City, State, Zip Code <u>Jackson, MS 39206-4104</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$2,000.00</u>

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## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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		
City, State, Zip Code Jackson, MS 39236-2449		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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
Mailing Address 1022 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-8726		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association Of Self-Insurers	05/21/2015	\$1,000.00
Mailing Address 825 N President Street		
City, State, Zip Code Jackson, MS 39202-2661		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Concrete Industries Association PAC	05/15/2015	\$1,000.00
Mailing Address 6700 Old Canton Rd		
City, State, Zip Code Ridgeland, MS 39157-1253		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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		
City, State, Zip Code Ridgeland, MS 39157-1253		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each 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
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Road Builders Association PAC	05/29/2015	\$5,000.00
Mailing Address 601 George St		
City, State, Zip Code Jackson, MS 39202-3016		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Meade W Mitchell	05/14/2015	\$1,000.00
Mailing Address 2402 Wild Valley Drive		
City, State, Zip Code Jackson, MS 39211-6224		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Loren L Monroe	05/21/2015	\$1,000.00
Mailing Address 1733 Fairview Ave		
City, State, Zip Code Mc Lean, VA 22101-4709		
Name of Employer (Required) BGR Group		
Occupation (Required) Principal	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Monsanto Company	05/20/2015	\$1,000.00
Mailing Address 800 N Lindbergh Boulevard		
City, State, Zip Code Saint Louis, MO 63167-1000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Wilson Montjoy	05/14/2015	\$1,000.00
Mailing Address 202 Agency Burn		
City, State, Zip Code Ridgeland, MS 39157-9740		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Alan L. Moore	05/19/2015	\$250.00
Mailing Address 1510 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1818		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neal-Schaffer	05/20/2015	\$1,000.00
Mailing Address PO Box 22625		
City, State, Zip Code Jackson, MS 39225-2625		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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, State, Zip Code Montgomery, AL 36104-3818		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy Nowell	05/18/2015	\$500.00
Mailing Address PO Box 119		
City, State, Zip Code Cleveland, MS 38732-0119		
Name of Employer (Required) Partnership Properties		
Occupation (Required) Realtor	Aggregate Year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Optametry For Progress	05/13/2015	\$10,000.00
Mailing Address 141 Executive Drive Suite 5		
City, State, Zip Code Madison, MS 39110-8457		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00



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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jody E Owens II	05/19/2015	\$300.00
Mailing Address 109 Inez Owens Dr		
City, State, 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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		
Name of Employer (Required) Perry Construction Co		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn Peters	05/20/2015	\$250.00
Mailing Address 540 E Main Street		
City, State, Zip Code Louisville, MS 39339-2742		
Name of Employer (Required) Louisville Medical Associates		
Occupation (Required) Doctor of Family Medicine	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. John F Phillips III	05/01/2015	\$1,000.00
Mailing Address 4042 Highway 16 W		
City, State, Zip Code Yazoo City, MS 39194-9243		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pioneer Railroad Services, Inc	05/18/2015	\$1,000.00
Mailing Address 1318 S Johanson Rd		
City, State, Zip Code Peoria, IL 61607-1130		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Porter's Insurance Agency, Inc.	05/18/2015	\$500.00
Mailing Address 1020 University Blvd.		
City, State, Zip Code Jackson, MS 39204-2936		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. John K. Povall	05/18/2015	\$250.00
Mailing Address 408 S Bolivar Avenue		
City, State, Zip Code Cleveland, MS 38732-3745		
Name of Employer (Required) Povall & Jeffreys, P.A.		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> 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
Mailing 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: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Raytheon PAC	05/13/2015	\$10,000.00
Mailing Address 1100 Wilson Blvd		
City, State, Zip Code Arlington, VA 22209-2249		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. George R. Rea Jr.	05/19/2015	\$1,000.00
Mailing Address PO Box 2090		
City, State, Zip Code Meridian, MS 39302-2090		
Name of Employer (Required) Self		
Occupation (Required) CPA	Aggregate Year-to-date	\$1,000.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions	05/01/2015	\$1,000.00
Mailing Address 1900 5th Avenue N Floor 6		
City, State, Zip Code Birmingham, AL 35203-2610		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions Financial Corporation PAC	05/01/2015	\$1,500.00
Mailing Address 1015 15th Street NW Suite 920		
City, State, Zip Code Washington, DC 20005-2823		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rehabilitation Centers LLC	05/01/2015	\$2,500.00
Mailing Address P.O. Box 1130		
City, State, Zip Code Magee, MS 39111-1130		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Renasant Bank Employees Voluntary PAC	05/01/2015	\$2,500.00
Mailing Address PO Box 709		
City, State, Zip Code Tupelo, MS 38802-0709		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RJ Corman Railroad Group LLC	05/13/2015	\$750.00
Mailing Address PO Box 788		
City, State, Zip Code Nicholasville, KY 40340-0788		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rolling Hills Ranch	05/13/2015	\$1,000.00
Mailing Address 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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. W. Michael Russ	05/27/2015	\$1,000.00
Mailing 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 Code Laurel, MS 39441-0988		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) CEO	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amanda Shumaker	05/15/2015	\$250.00
Mailing Address 116 Colony Way		
City, State, Zip Code Brandon, MS 39047-8271		
Name of Employer (Required) Lakeside Moulding Inc		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Simmons	05/20/2015	\$1,000.00
Mailing Address PO Box 4385		
City, State, Zip Code Brandon, MS 39047-4385		
Name of Employer (Required) Capitol Partners		
Occupation (Required) Government Relations Consulting	Aggregate Year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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		
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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Caroline Sims	05/15/2015	\$1,000.00
Mailing Address 4211 Brookdale Street		
City, State, Zip Code Jackson, MS 39206-6106		
Name of Employer (Required) Butler Snow		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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, Zip Code Irving, TX 75063-2317		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	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 39206-4346		
Name of Employer (Required) Penn Life Insurance		
Occupation (Required) Owner	Aggregate Year-to-date	\$750.00

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Southeastern Timber Products, LLC</u>	05/21/2015	\$5,000.00
Mailing Address <u>PO Box 5327</u>		
City, State, Zip Code <u>Jackson, MS 39296-5327</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. Joe Stedman</u>	05/05/2015	\$1,000.00
Mailing Address <u>101 Gloucester Road</u>		
City, State, Zip Code <u>Natchez, MS 39120-4509</u>		
Name of Employer (Required) <u>Natchez - Crye*Leike Stedman Realtors</u>		
Occupation (Required) <u>Broker</u>	Aggregate Year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kathryn B Stewart</u>	05/12/2015	\$1,000.00
Mailing Address <u>133 Woodland Hills Boulevard</u>		
City, State, Zip Code <u>Madison, MS 39110-7823</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Government Relations</u>	Aggregate Year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stonehenge Capital Company, LLC</u>	05/20/2015	\$500.00
Mailing Address <u>191 West Nationwide Blvd. Suite 600</u>		
City, State, Zip Code <u>Columbus, OH 43215-2569</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00



Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Swisher International, Inc.	05/15/2015	\$1,000.00
Mailing Address PO Box 2230		
City, State, Zip Code Jacksonville, FL 32203-2230		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Taylor	05/27/2015	\$1,000.00
Mailing Address PO Box 886		
City, State, Zip Code Louisville, MS 39339-0886		
Name of Employer (Required) Taylor Sudden Service Inc		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> 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

Name of Candidate or Committee Friends Of Tate Reeves  
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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) I.L.C.	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Beta Group Engineering and Construction Services	05/18/2015	\$500.00
Mailing Address 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. J.F. Thompson Jr.	05/19/2015	\$1,000.00
Mailing Address 4817 15th Pl		
City, State, Zip Code Meridian, MS 39305-1736		
Name of Employer (Required) The Thompson Group		
Occupation (Required) Insurance Sales	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amanda Tollison	05/14/2015	\$1,000.00
Mailing Address PO Box 1138		
City, State, Zip Code Oxford, MS 38655-1138		
Name of Employer (Required) Butter Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Triple D Farms	05/13/2015	\$1,000.00
Mailing Address P.O. Box 6717		
City, State, Zip Code Jackson, MS 39282-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Thad Varner	05/11/2015	\$1,000.00
Mailing 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Jason Voyles	05/13/2015	\$5,000.00
Mailing Address 177 Saint Andrews Drive		
City, State, Zip Code Jackson, MS 39211-2532		
Name of Employer (Required) Spectrum Capital		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marcus L Wallace	05/19/2015	\$1,000.00
Mailing Address 125 S. Congress Street Suite 1300		
City, State, Zip Code Jackson, MS 39201-3399		
Name of Employer (Required) MAC & Associates, LLC		
Occupation (Required) President & CEO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard B Webb	05/07/2015	\$500.00
Mailing Address 315 West 3rd St		
City, State, Zip Code Pittsburg, KS 66762-4706		
Name of Employer (Required) Watco Companies		
Occupation (Required) Director	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Richard Webster	05/19/2015	\$10,000.00
Mailing Address 61 Hoy Road		
City, State, Zip Code Madison, MS 39110-9737		
Name of Employer (Required) Key Constructors LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$10,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wellington Associates, Inc.	05/06/2015	\$1,000.00
Mailing Address PO Box 12029		
City, State, Zip Code Jackson, MS 39236-2029		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank B White	05/25/2015	\$1,000.00
Mailing Address Po Box 368		
City, State, Zip Code Bolton, MS 39041-0368		
Name of Employer (Required) Metro Mechanical, Inc.		
Occupation (Required) Construction	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Freddie White-Johnson	05/19/2015	\$500.00
Mailing 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Windham	05/29/2015	\$500.00
Mailing Address 94 Grandview Circle		
City, State, Zip Code Brandon, MS 39047-7398		
Name of Employer (Required) iHeart Media		
Occupation (Required) Market President	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Windstream PAC	05/18/2015	\$500.00
Mailing Address 1201 W Peachtree St NE		
City, State, Zip Code Atlanta, GA 30309-3491		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves

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## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Worth Thomas Consultants</u>	<u>05/21/2015</u>	<u>\$2,000.00</u>
Mailing Address <u>PO Box 774</u>		
City, State, Zip Code <u>Jackson, MS 39205-0774</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$2,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Douglas M Wright</u>	<u>05/14/2015</u>	<u>\$5,000.00</u>
Mailing Address <u>254 S Front St Suite 501</u>		
City, State, Zip Code <u>Tupelo, MS 38804-4846</u>		
Name of Employer (Required) <u>Community Eldercare Services</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mr. William G. Yates III</u>	<u>05/12/2015</u>	<u>\$5,000.00</u>
Mailing Address <u>2104 Ward Lane</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2318</u>		
Name of Employer (Required) <u>Yates Construction</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William G. Yates Jr.</u>	<u>05/13/2015</u>	<u>\$5,000.00</u>
Mailing Address <u>304 Dogwood St</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-3312</u>		
Name of Employer (Required) <u>Yates Construction</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$5,000.00</u>

Name of Candidate or Committee

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## ITEMIZED DISBURSEMENTS

Full Name	ASAP Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2801 Layfair Drive	05/23/2015	\$160.50
City, State, Zip Code	Flowood, MS 39232-9501		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$501.48
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 5093	05/04/2015	\$40.00
City, State, Zip Code	Carol Stream, IL 60197-5093		
Purpose of Disbursement (Optional) Internet Service		Aggregate Year-to-date	\$893.05
Full Name	AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 5093	05/23/2015	\$346.60
City, State, Zip Code	Carol Stream, IL 60197-5093		
Purpose of Disbursement (Optional) Internet Service		Aggregate Year-to-date	\$693.05
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	05/01/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Grassroots Consulting		Aggregate Year-to-date	\$45,098.39
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	05/15/2015	\$2,966.20
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$45,098.39
Full Name	David Clanton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 463	05/29/2015	\$6,000.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$45,098.39

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## ITEMIZED DISBURSEMENTS

Full Name	CLH Consulting, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	575 Johnstone Dr.	05/07/2015	\$4,000.00
City, State, Zip Code	Madison, MS 39110-7585		
Purpose of Disbursement (Optional) Contribution Refund		Aggregate Year-to-date	\$4,000.00
Full Name	Connect Strategic Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1910 Pacific Avenue Suite 5050	05/01/2015	\$669.00
City, State, Zip Code	Dallas, TX 75201-4561		
Purpose of Disbursement (Optional) Digital Services		Aggregate Year-to-date	\$2,676.00
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	05/16/2015	\$166.28
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$831.40
Full Name	Fresh Cut Floral/Catering	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	108 Cypress Cove	05/01/2015	\$2,657.42
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disbursement (Optional) Catering		Aggregate Year-to-date	\$3,657.42
Full Name	Haley Grantham	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	109 East Fork Drive	05/29/2015	\$1,500.00
City, State, Zip Code	Florence, MS 39073-9189		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$1,500.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2300 Clarendon Boulevard Suite 800	05/30/2015	\$3,150.00
City, State, Zip Code	Arlington, VA 22201-3382		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$3,150.00



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## ITEMIZED DISBURSEMENTS

Full Name	J. Walter Michel Agency	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	05/01/2015	\$1,325.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Rent		Aggregate Year-to-date	\$3,975.00
Full Name	Tate Lewis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	201 West Capitol Street	05/29/2015	\$876.75
City, State, Zip Code	Jackson, MS 39201-2005		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$1,788.00
Full Name	Mahaffey Quality Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	355 W Pearl Street	05/23/2015	\$1,375.92
City, State, Zip Code	Jackson, MS 39203-3002		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$1,375.92
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	05/07/2015	\$87.00
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Expense Reimbursement		Aggregate Year-to-date	\$3,184.22
Full Name	Nick Clark Printing and Signs	Date (Mo., Day, Year)	Amount of each disbursement 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 Disbursement (Optional) Printing		Aggregate Year-to-date	\$1,013.29
Full Name	James T Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	548 Mount Olive Road	05/01/2015	\$4,000.00
City, State, Zip Code	Prentiss, MS 39474-4319		
Purpose of Disbursement (Optional) Grassroots consulting		Aggregate Year-to-date	\$10,342.00

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## ITEMIZED DISBURSEMENTS

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

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## ITEMIZED DISBURSEMENTS

Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	05/01/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$60,000.00
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	05/29/2015	\$10,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) General Consulting		Aggregate Year-to-date	\$60,000.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/01/2015	\$206.66
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$26,336.99
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/01/2015	\$2,024.77
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$26,336.99
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/16/2015	\$636.40
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$26,336.99
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/16/2015	\$3,275.06
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$26,336.99

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2015 Election**

**RECEIVED**  
JUN 10 2015  
Campaign Finance  
Secretary of State

**Name of Candidate** TIM JOHNSON

**Address** P O BOX 1456 MADISON MS 39130 **County** MADISON

**Telephone (Work)** 601-955-6672 **(Home)** 601-955-6672 **(Fax)** N/A

**Contact Name** LINDA MEELER **Email Address** lgmeeler@gmail.com

**Office Sought** LIEUTENANT GOVERNOR **Political Party** DEMOCRATIC

☐ Check here if above is different from previous report

### TYPE OF REPORT

<b>May 8, 2015 Periodic Report</b> (January 1, 2015, through April 30, 2015)	<b>Mandatory</b>
<b>June 10, 2015 Periodic Report</b> (May 1, 2015, through May 31, 2015)	<b>Mandatory</b>
<b>July 10, 2015 Periodic Report</b> (June 1, 2015, through June 30, 2015)	<b>Mandatory</b>
<b>July 28, 2015 Pre-Election Report</b> (July 1, 2015, through July 25, 2015)	<b>Mandatory</b> <i>All Primary Candidates and Political Committees</i>
<b>August 18, 2015 Pre-Election Report</b> (July 26, 2015, through August 15, 2015)	<b>Runoff Candidates Only</b> <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<b>October 9, 2015 Periodic Report</b> (July 1, 2015, through September 30, 2015)	<b>Mandatory</b>
<b>October 27, 2015 Pre-Election Report</b> (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	<b>Mandatory</b> <i>All Candidates and Political Committees</i>
<b>November 17, 2015 Pre-Runoff Report</b> (October 25, 2015, through November 14, 2015)	<b>Runoff Candidates Only</b> <i>All Candidates and Political Committees in a Runoff Election</i>
<b>January 8, 2016 Periodic Report</b> (October 1, 2015, through December 31, 2015)	<b>Mandatory</b>
<b>Termination Report</b> (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	<b>Required to terminate reporting obligations</b>

**IMPORTANT**

- (1) **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.**
- (2) **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) and (iii).**
- (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 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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS			
Itemized	+	Non-Itemized	Calendar year-to-date
			This Period
Total amount of contributions \$	66,550.00	+	\$ 100.00
			\$ 66,650.00
Total amount of disbursements \$	8235.95	+	\$ 942.57
			\$ 9178.52
Total amount of cash on hand			\$ 85,022.79

**I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.**

**Signature of Candidate**

Date \_\_\_\_\_

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

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

**SEND TO:**

1. **Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 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**

Name of Candidate or Committee TIM JOHNSONReporting period MAY 1 2015 through MAY 31 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>T. YOUSIF</u>		<u>5 / 22 / 15</u>	\$ <u>250.00</u>
Mailing Address <u>161 Saint Ives Drive</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Madison MS 39110</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>M. Saleh</u>		<u>5 / 22 / 15</u>	\$ <u>500.00</u>
Mailing Address <u>126 Bellingham Dr.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Madison MS 39110</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MR AND MRS. M. A. KHAN</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>300.00</u>
Mailing Address <u>208 Autumn Brook Court</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Madison, MS 39110</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>M. ARAIN</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250.00</u>
Mailing Address <u>540 Twin Cedars Dr.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Madison, MS 39110</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee TIM JOHNSON  
 Reporting period MAY 1 2015 through MAY 31 2015

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Farhan Nafis</u>	<u>5/22/15</u>	\$ <u>250.00</u>
Mailing Address <u>401 William Glen Court</u>	<u>5/1/15</u>	\$ _____
City, State, Zip Code <u>Madison MS 39110</u>	<u>5/1/15</u>	\$ _____
Name of Employer (Required) _____	<u>5/1/15</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>TIM JOHNSON</u>	<u>5/16/15</u>	\$ <u>65,000.00</u>
Mailing Address <u>P.O. Box 1456</u>	<u>5/1/15</u>	\$ _____
City, State, Zip Code <u>MADISON MS 39130</u>	<u>5/1/15</u>	\$ _____
Name of Employer (Required) _____	<u>5/1/15</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>90,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5/1/15</u>	\$ _____
Mailing Address _____	<u>5/1/15</u>	\$ _____
City, State, Zip Code _____	<u>5/1/15</u>	\$ _____
Name of Employer (Required) _____	<u>5/1/15</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5/1/15</u>	\$ _____
Mailing Address _____	<u>5/1/15</u>	\$ _____
City, State, Zip Code _____	<u>5/1/15</u>	\$ _____
Name of Employer (Required) _____	<u>5/1/15</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee TIM JOHNSONReporting period MAY 1, 2015 through MAY 31, 2015

## ITEMIZED DISBURSEMENTS

A. Full name <u>Kroger (Fuel)</u>	Date (Mo., Day, Year) <u>5/7/15</u>	Amount of each disbursement this period \$ <u>62.00</u>
Mailing Address <u>Hoy Road</u>	<u>5/7/15</u>	\$ <u>62.00</u>
City, State, Zip Code <u>Madison, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Fuel</u>	Aggregate Year-to-date	\$ <u>309.25</u>
B. Full name <u>SignRocket.com</u>	Date (Mo., Day, Year) <u>5/19/15</u>	Amount of each disbursement this period \$ <u>872.50</u>
Mailing Address <u>online</u>	<u>5/19/15</u>	\$ <u>872.50</u>
City, State, Zip Code <u>www.SignRocket.com</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Signs</u>	Aggregate Year-to-date	\$ <u>872.50</u>
C. Full name <u>Office Depot</u>	Date (Mo., Day, Year) <u>5/27/15</u>	Amount of each disbursement this period \$ <u>385.45</u>
Mailing Address <u>1-55 North</u>	<u>5/27/15</u>	\$ <u>385.45</u>
City, State, Zip Code <u>Jackson MS 39211</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>supplies</u>	Aggregate Year-to-date	\$ <u>385.45</u>
D. Full name <u>Linda Meeler</u>	Date (Mo., Day, Year) <u>5/7/15</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 5264</u>	<u>5/7/15</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Brandon MS 39047</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>labor</u>	Aggregate Year-to-date	\$ <u>1,650.00</u>
E. Full name <u>Discount Office Furniture</u>	Date (Mo., Day, Year) <u>5/13/15</u>	Amount of each disbursement this period \$ <u>2,916.00</u>
Mailing Address <u>S. State Street</u>	<u>5/13/15</u>	\$ <u>2,916.00</u>
City, State, Zip Code <u>Jackson MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>furniture</u>	Aggregate Year-to-date	\$ <u>2,916.00</u>
F. Full name <u>Lindsey White</u>	Date (Mo., Day, Year) <u>5/20/15</u>	Amount of each disbursement this period \$ <u>3000.00</u>
Mailing Address <u>4248 Forest Park Dr.</u>	<u>5/20/15</u>	\$ <u>3000.00</u>
City, State, Zip Code <u>Jackson MS 39211</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>labor</u>	Aggregate Year-to-date	\$ <u>6500.00</u>

**Political Committee**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2015 Election**

Campaign Finance  
Secretary of State

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May 3, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
X June 18, 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 All Primary Candidates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only All Primary Candidates and Political Committees in a Runoff Election
October 3, 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 25, 2015) (Independent Candidate report January 1, 2016 through October 24, 2015)	Mandatory All Candidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only All Candidates and Political Committees in a Runoff Election
January 5, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
Termination Report (Candidates will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

(1) Pre-filing 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.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Illinois Code Ann. § 23-12-007 (a) (3) and (5).

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If this 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			
Itemized +	Non-Itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$500. <sup>00</sup> + 210. <sup>00</sup>	\$ 710. <sup>00</sup>	\$ 7,715. <sup>00</sup>
Total amount of disbursements	1,338. <sup>00</sup> - 0-	\$ 1,338. <sup>00</sup>	\$ 1,338. <sup>00</sup>
Total amount of cash on hand		\$ 6,377. <sup>00</sup>	

### SIGNATURE OF DRIVER OR FLIGHT ATTENDANT

**Penalties:** Failure to submit required reports, or failure to submit reports in accordance with statutory deadline, or failure to furnish valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-43-015 and 015 (1973).

1. Candidates for Statewide, State-Office, Multi-County and all Legislative offices should return forms to Secretary of State, Elections Division, P. O. Box 726, Jackson, MS 39202 or fax to (601) 575-3540
2. Candidates for Countywide and County-Office offices should return forms to their County Circuit Clerk
3. Candidates for Municipal offices should return forms to the Municipal Clerk

15-101 5027



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Name of Candidate or Committee Alisha Nelson McElhenney  
 Reporting period May 1, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify): _____			
Full name: <u>Jim White (James White)</u>		<u>5/23/15</u>	\$ <u>250.00</u>
Mailing Address: <u>32 CR 24145</u>		<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code: <u>Newton MS 39345</u>		<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required): <u>Retired (Self)</u>		<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required): <u>Retired (Farmer)</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify): _____			
Full name: <u>Frederick T. Macko</u>		<u>5/23/15</u>	\$ <u>250.00</u>
Mailing Address: <u>131 Whippoorwill Rd.</u>		<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code: <u>Scotton MS 39047</u>		<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required): <u>MSA</u>		<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required): <u>Sup. Rep.</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify): _____			
Full name: _____		<u>  /  /  </u>	\$ <u>  </u>
Mailing Address: _____		<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code: _____		<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required): _____		<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required): _____		Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify): _____			
Full name: _____		<u>  /  /  </u>	\$ <u>  </u>
Mailing Address: _____		<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code: _____		<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required): _____		<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required): _____		Aggregate year-to-date	\$ <u>  </u>

Name of Candidate or Committee Alisha Nelson McElhenny  
 Reporting period May 1, 2015 through May 31, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Campaign Sidekick LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 1550 Old Annetta Road	5/1/15	\$ 1198.00 <span style="float: right;">Check # 1001</span>
<b>City, State, Zip Code</b> Aledo, TX 76008	--/--/--	\$ -0-
<b>Purpose of Disbursement (Optional)</b> Services Payment	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1198.00
<b>B. Full name</b> Alisha Nelson McElhenny (self)	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 2016 Boggsdale River Rd.	5/23/15	\$ 100.00
<b>City, State, Zip Code</b> Moss Point, MS 39562	5/30/15	\$ 40.00
<b>Purpose of Disbursement (Optional)</b> Travel reimbursement	<b>Aggregate</b> <b>Year-to-date</b>	\$ 140.00
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	--/--/--	\$
<b>City, State, Zip Code</b>	--/--/--	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	--/--/--	\$
<b>City, State, Zip Code</b>	--/--/--	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	--/--/--	\$
<b>City, State, Zip Code</b>	--/--/--	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	--/--/--	\$
<b>City, State, Zip Code</b>	--/--/--	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$



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Campaign Finance  
Secretary of State

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TYPE OF REPORT		
<input type="checkbox"/>	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
<input checked="" type="checkbox"/>	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
<input type="checkbox"/>	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
<input type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/>	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
<input type="checkbox"/>	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2016 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
<input type="checkbox"/>	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
<input type="checkbox"/>	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

**IMPORTANT**

- (1) 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.
- (2) 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) and (III).
- (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 weekend or a holiday, the office must be in actual receipt of the required reports by 6:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS				
	Itemized	+	Non-Itemized	Calendar year-to-date
Total amount of contributions \$	0	+	0	0
Total amount of disbursements \$		+		
Total amount of cash on hand			0	0

**Signature of Candidate**

Date \_\_\_\_\_

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

2015 ELECTION CYCLE



## REPORT OF RECEIPTS AND DISBURSEMENTS

**Delbert Hosemann**

SECRETARY OF STATE

MAY 08 2015

**Campaign Finance  
Secretary of State**

Name of Candidate Rosa B. Williams  
 Address P.O. Box 15273  
Wattsburg, MS. 39404 County Foxworth

Telephone (Work) \_\_\_\_\_ (Home) 601 - 434 - 5820 (Fax) \_\_\_\_\_

Contact Name Shawn O'Hara Email Address \_\_\_\_\_

Office Sought Lt. Governor Political Party Reform

☐ Check here if above is different from previous report

TYPE OF REPORT

TYPE OF REPORT		
<input checked="" type="checkbox"/>	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
<input type="checkbox"/>	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
<input type="checkbox"/>	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
<input type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory All Primary Candidates and Political Committees
<input type="checkbox"/>	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only All Primary Candidates and Political Committees in a Runoff Election
<input type="checkbox"/>	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
<input type="checkbox"/>	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)	Mandatory All Candidates and Political Committees
<input type="checkbox"/>	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only All Candidates and Political Committees in a Runoff Election
<input type="checkbox"/>	January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
<input type="checkbox"/>	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

**IMPORTANT**

- IMPORTANT**
- (1) 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.
  - (2) 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) and (III).
  - (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 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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS		Calendar year-to-date
Itemized	+ Non-Itemized	This Period
Total amount of contributions \$ 200.00 + \$ 0.00		\$ 200.00
Total amount of disbursements \$ 200.00 + \$ 0.00		\$ 200.00
Total amount of cash on hand	0	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Rosa B. Williams  
Signature of Candidate

5-8-15  
Date

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

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. §§ 23-15-814 and 813 (1972).

**SEND TO:**

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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