Name of Candidate or Committee Friends to Elect Tyrone Lewis Reporting period July 01. 2015

through July 25, 2015

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kenneth Johnson	07 / 01 / 15	\$ 200.00
Mailing Address	_ , _ , _	\$
301 Cove Crossing	<u> </u>	3
City, State, Zip Code		\$
Madison, MS 39110		4
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 200.00
B. Source: Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		uno period
Dana Sims	07 / 02 / 15	\$ 100.00
Mailing Address		
6 Northpointe Cove	<u> </u>	\$
City, State, Zip Code		\$
Jackson, MS 39211		¥
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 100.00
C. Source Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name C. Ralph Daniel, III	07 / 02 / 15	\$ 500.00
Mailing Address		· ,
971 Lakeland Drive Suite 659		\$
City, State, Zip Code	F- F- F-	
Jackson, MS 39216	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	07 / 09 / 15	\$ 100.00
Mr. Wayne Brownie		¥ J100.00
Mailing Address 1130 Diane Place		\$
City, State, Zip Code		•
Clinton, MS 39056	<u>//-</u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 100.00

Name of Candidate or Committee Friends to Elect Tyrone Lewis

Reporting period July 01. 2015

through July 25, 2015

ITEMIZED RECEIPTS

Jackson, MS 39213	A. Source: Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		7 / 20 / 15	\$ 140.00
3902 1899 1890 1899 1890 1899 1890 1899 1890 18	Mailing Address	С.С.С	
Jackson, MnS 32/13 Same of Employer (Required) J J S	3962 Skyline Drive	<u> </u>	\$
Jackson, MnS 32/13 Same of Employer (Required) J J S	City, State, Zip Code		
Occupation (Required) B. Source: Corporation PAC Individual Van Date (Mo., Day, Year) Full name Alwin Woods Mailing Address 3746-15-5 South City, State, Zip Code Name of Employer (Required) Other (please specify) Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Other (please specify) Mailing Address City, State, Zip Code Other (please specify) Name of Employer (Required) Occupation (Required) Other (please specify) Mailing Address City, State, Zip Code Other (please specify) Name of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify) Mailing Address City, State, Zip Code Other (please specify) Mailing Address City, State, Zip Code Other (please specify) Mailing Address City, State, Zip Code Other (please specify) Mailing Address City, State, Zip Code Other (please specify) Mailing Address City, State, Zip Code Mailing Address Mailing Address Mailing Address City, State, Zip Code Mailing Address Mailing Addr	Jackson, MS 39213	<u> </u>	3
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Cother (please specify) Date (Mo., Day, Year) Amount of each receipt this period Mailing Address Jar6 155 South Occupation (Required) C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Date (Mo., Day, Year) City, State, Zip Code Jarcksta, Zip Code Date (Mo., Day, Year) Amount of each receipt this period City, State, Zip Code Jarcksta, Zip Code Jarckst	Name of Employer (Required)		\$
Other (please specify) Full name Alvin Woods Mailing Address 37461-55 South City, State, Zip Code Jackson, MNS 39212 Name of Employer (Required) Other (please specify) Name of Employer (Required) Occupation (Required) City, State, Zip Code I / I \$ \$ \$ \$ \$ \$ \$ \$ \$	Occupation (Required)		\$ 140.00
Full name Alvin Woods			
Alvin Woods	Other (please specify)	(MO., Day, Tear)	this period
Amin woods Ami		07 / 16 / 15	\$ 1,000.00
37461-55 South		<u> </u>	¥ }1,000.00
State, Zip Code	Mailing Address		\$
Jackson, MNS 39212			<u> </u>
Name of Employer (Required)	City, State, Zip Code		\$
Occupation (Required) C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) City, State, Zip Code Name of Employer (Required) Other (please specify) Aggregate year-to-date Amount of each receipt this period Full name City, State, Zip Code Name of Employer (Required) Occupation (Required) Other (please specify) Amount of each receipt this period Aggregate year-to-date Composition PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Mailing Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Amount of each receipt this period City, State, Zip Code City, State, Zip Code Amount of each receipt this period Amount of each receipt this period City, State, Zip Code Amount of each receipt this period City, State, Zip Code Amount of each receipt this period City, State, Zip Code Amount of each receipt this period		·	<u> </u>
C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name I I I I I I I I I	Name of Employer (Required)		\$
Other (please specify) Other (please specify) Mailing Address I / I / \$ Mailing Address I / I / \$ City, State, Zip Code Occupation (Required) Date Aggregate year-to-date Other (please specify) Mailing Address I / I / \$ Amount of each receipt this period Full name Other (please specify) Mailing Address I / I / \$ Amount of each receipt this period Full name I / I / \$ Mailing Address I / I / \$ Mailing Address Amount of each receipt this period Full name I / I / \$ Mailing Address Amount of each receipt this period Full name Amount of each receipt this period Amount of each receipt this period Full name Amount of each receipt this period Amount of each receipt this peri	Occupation (Required)		\$ 1,000.00
Mailing Address	,		receipt
City, State, Zip Code	Full name		\$
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Name of Employer (Required) Aggregate year-to-date Amount of each receipt this period Full name I / I / S Name of Employer (Required) Aggregate Aggregate Aggregate Aggregate	Mailing Address		\$
Occupation (Required) D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Aggregate year-to-date (Mo., Day, Year) Amount of each receipt this period Full name I / I / S Amount of each receipt this period Full name I / I / S Aggregate \$ Occupation (Required) Aggregate \$	City, State, Zip Code		\$
D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) year-to-date Amount of each receipt this period **The control of the contro	Name of Employer (Required)		\$
Other (please specify) City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City City, State, Zip Code	Occupation (Required)		\$
Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Aggregate \$			receipt
City, State, Zip Code	Full name		\$
Name of Employer (Required) Occupation (Required) Aggregate \$ []	Mailing Address	\Box \Box \Box \Box	\$
Occupation (Required) \$ Aggregate \$	City, State, Zip Code		\$
	Name of Employer (Required)		\$
	Occupation (Required)		\$

Name of Candidate or Committee

Reporting period July 01, 2015

through

July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name Earl Clowers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1065 Lemon Road	07 / 01 / 15	\$ 1,000.00
City, State, Zip Code Bolton, MS 39041		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,000.00
B. Full name Aaron Banks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4722 Brookwood Place	05 / 01 / 15	\$ 2,500.00
City, State, Zip Code Jackson, MS 39272	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 7,870.00
C. Full name WMPR 90.1	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Pecan Circle	07 / 01 / 15	\$ 100.00
City, State, Zip Code Jackson, MS 39209	07 / 17 / 15	\$ 1,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,300.00
D. Full name Toni Johnson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 104 Amberwood Drive	07 / 01 / 15	\$ 800.00
City, State, Zip Code Clinton, MS 39056	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 800.00
E. Full name Randy King	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 223 Timbermill Drive	07 / 06 / 15	\$ 3,000.00
City, State, Zip Code Madison, MS 39110	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,000.00
F. Full name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1583	07 / 07 / 15	\$ 650.00
City, State, Zip Code Jackson, MS 39215		\$
Purpose of Disbursement (Optional)	Aggregate	

Reporting period July 01, 2015

through

July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name Home Goods	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address 175 Grandview Boulevard	06 / 29 / 15	\$ ^{16.04}
City, State, Zip Code Madison, MS 39110	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ ^{37.43}
B. Full name Comcast Cable	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5915 U-55 North	07 / 13 / 15	\$ ^{187.45}
City, State, Zip Code Jackson, MS 39213	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ ^{762.19}
C. Full name Edge of Infinity Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 59083	07 / 10 / 15	\$ 1,500.00
City, State, Zip Code Jackson, MS 39284		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,500.00
D. Full name Kixie 107 FM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 731 South Pear Orchard Road Suite 27	07 / 10 / 15	\$ 306.00
City, State, Zip Code Ridgeland, MS 39157	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 306.00
E. Full name Gospel 1300 Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 731 South Pear Orchard Road Suite 27	07 / 13 / 15	\$ 81.60
City, State, Zip Code Ridgeland, MS 39157	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 81.60
F. Full name I-Heart Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1375 Beasley Road	07 / 21 / 15	\$ 7,004.00
City, State, Zip Code	, ,	\$
Jackson, MS 39206	-'-'-	