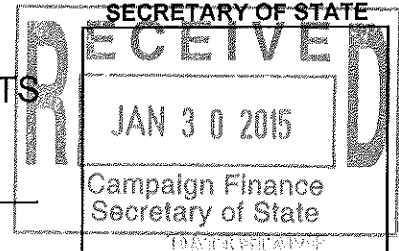


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Annual Report

Name of Candidate Tate ReevesAddress PO Box 24355 Jackson, MS 39225-4355 County HindsTelephone 601-968-8000 Fax N/AOffice Sought _____ Email Address Garrett@TateReeves.com
☐ Check here if above is different from previous report

☒ January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014)...
... **Mandatory**

*All Candidates and Political Committees
that received funds or made expenditures
in Mississippi during the year 2014.
Excludes Judicial Candidates.*

____ 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 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 deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,254,761.31 + \$ 17,266.00	\$ 1,271,987.31	\$ 1,271,987.31
Total amount of disbursements	\$ 153,464.74 + \$ 771.81	\$ 154,236.55	\$ 154,236.55
Total amount of cash on hand		\$ 2,353,379.67	

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

Tate Reeves
Signature of Candidate

01/30/2015

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 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

Friends Of Tate Reeves

Reporting Period 01/01/2014

through

12/31/2014

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. Philip J. Davis	01/26/2014	\$250.00
Mailing Address 125 N Main Street Suite 628		
City, State, Zip Code Memphis, TN 38103-2032		
Name of Employer (Required) City of Memphis		
Occupation (Required) Operation Administrator, Division of Public Works	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 Chuck Barlow	01/29/2014	\$500.00
Mailing Address 227 Ingleside Drive		
City, State, Zip Code Madison, MS 39110-9528		
Name of Employer (Required) Barlow Eddy Jenkins		
Occupation (Required) Architect	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. S E Donald	01/31/2014	\$4,000.00
Mailing Address PO Box 5546		
City, State, Zip Code Greenville, MS 38704-5546		
Name of Employer (Required) Self		
Occupation (Required) CPA	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 checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name M & B Railroad, LLC	01/08/2014	\$1,000.00
Mailing Address 200 Meridian Ctr Suite 300		
City, State, Zip Code Rochester, NY 14618-3972		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 <u>Mr. Ed Holland</u>	<u>01/17/2014</u>	<u>\$1,500.00</u>
Mailing Address <u>2992 W Beach Boulevard</u>		
City, State, Zip Code <u>Gulfport, MS 39501-1907</u>		
Name of Employer (Required) <u>Southern Company</u>		
Occupation (Required) <u>executive</u>	Aggregate Year-to-date	<u>\$4,000.00</u>

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 <u>Mr. Gifford W Ormes</u>	<u>01/01/2014</u>	<u>\$500.00</u>
Mailing Address <u>9161 Mulberry Place</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6131</u>		
Name of Employer (Required) <u>Southern Company</u>		
Occupation (Required) <u>executive</u>	Aggregate Year-to-date	<u>\$1,000.00</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>Takeda Pharmaceuticals USA, Inc.</u>	<u>03/05/2014</u>	<u>\$1,000.00</u>
Mailing Address <u>1 Takeda Parkway</u>		
City, State, Zip Code <u>Deerfield, IL 60015-5713</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</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>ANR Pipeline Company</u>	<u>04/15/2014</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 2446</u>		
City, State, Zip Code <u>Houston, TX 77252-2446</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 01/01/2014through 12/31/2014

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 R. Shelton	04/11/2014	\$1,000.00
Mailing Address 508 Pritchard Lane		
City, State, Zip Code Columbus, MS 39702-9428		
Name of Employer (Required) Trans Power Corporation		
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 Mr. Bill Russell	04/15/2014	\$500.00
Mailing Address PO Box 9180		
City, State, Zip Code Columbus, MS 39705-0016		
Name of Employer (Required) Premier Ford, Lincoln, Mercury		
Occupation (Required) Owner	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. Charles W. Rigdon	04/15/2014	\$500.00
Mailing Address PO Box 2182		
City, State, Zip Code Columbus, MS 39704-2182		
Name of Employer (Required) Columbus Nissan		
Occupation (Required) Owner	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. Larry W. Clark	04/15/2014	\$500.00
Mailing Address PO Box 789		
City, State, Zip Code Amory, MS 38821-0789		
Name of Employer (Required) Larry Clark Chevrolet-Cadillac, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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 Stanley J Spradling	04/22/2014	\$500.00
Mailing Address 2203 Dogwood Drive		
City, State, Zip Code West Point, MS 39773-9208		
Name of Employer (Required) CALVERT-SPRADLING ENGINEERING, INC		
Occupation (Required) engineer	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. Roger A. Pryor	04/22/2014	\$500.00
Mailing Address PO Box 167		
City, State, Zip Code Columbus, MS 39703-0167		
Name of Employer (Required) Pryor & Morrow		
Occupation (Required) architect	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 Mrs. Megan M. Mullen	04/22/2014	\$500.00
Mailing Address 116 Belmont Drive		
City, State, Zip Code Starkville, MS 39759-4267		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	04/29/2014	\$500.00
Mailing Address PO Box 1640		
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 Milton O. Sundbeck	04/29/2014	\$500.00
Mailing Address 8050 Town Creek Road		
City, State, Zip Code West Point, MS 39773-5704		
Name of Employer (Required) Southern Ionics		
Occupation (Required) 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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Coalition For Progress	04/29/2014	\$1,000.00
Mailing Address PO Box 320925		
City, State, Zip Code Flowood, MS 39232-0925		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$61,500.00

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nucor Steel Recyclers of Mississippi PAC	04/29/2014	\$1,000.00
Mailing Address 3630 Fourth Street		
City, State, Zip Code Flowood, MS 39232-2000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00

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. E. Bruce Martin	04/29/2014	\$5,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Meridian, MS 39302-1729		
Name of Employer (Required) Rosenbaum Insurance		
Occupation (Required) Insurance	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

01/01/2014

through

12/31/2014

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 Joe C. Portera	04/29/2014	\$500.00
Mailing Address 1107 E Westbrook Street		
City, State, Zip Code West Point, MS 39773-3257		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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 Frank Chiles Insurance Agency, Inc.	04/29/2014	\$500.00
Mailing Address PO Box 2600		
City, State, Zip Code Starkville, MS 39760-2600		
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 checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wier Boerner Architecture	04/29/2014	\$1,000.00
Mailing Address 2906 N State Street Suite 106		
City, State, Zip Code Jackson, MS 39216-4239		
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 James D. Bryan	04/29/2014	\$500.00
Mailing Address PO Box 636		
City, State, Zip Code West Point, MS 39773-0636		
Name of Employer (Required) Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 James C. Galloway	04/29/2014	\$500.00
Mailing Address 1700 Bramblewood Drive		
City, State, Zip Code Columbus, MS 39705-1517		
Name of Employer (Required) Galloway Chandler Insurance		
Occupation (Required) Insurance Agent	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 Christopher E. Reichle	04/29/2014	\$500.00
Mailing Address 77 Lakewood Road		
City, State, Zip Code Columbus, MS 39705-5381		
Name of Employer (Required) Safeway Services		
Occupation (Required) Member	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 Joseph A. Gillis	04/29/2014	\$500.00
Mailing Address PO Box 5355		
City, State, Zip Code Columbus, MS 39704-5355		
Name of Employer (Required) The Dutch Group		
Occupation (Required) CEO	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 Stuart P. Vance	04/29/2014	\$500.00
Mailing Address PO Box 733		
City, State, Zip Code Starkville, MS 39760-0733		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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. B Keith Heard	04/29/2014	\$500.00
Mailing Address 1822 Stinson Creek Road		
City, State, Zip Code Columbus, MS 39705-9352		
Name of Employer (Required) TCH Group, LLC		
Occupation (Required) Partner	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. Rick Young	04/29/2014	\$500.00
Mailing Address 1365 E Old Highway 82		
City, State, Zip Code Eupora, MS 39744-2850		
Name of Employer (Required) East Mississippi Community College		
Occupation (Required) President	Aggregate Year-to-date	\$1,500.00
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 Castle Properties	04/29/2014	\$500.00
Mailing Address 412 Main Street		
City, State, Zip Code Columbus, MS 39701-4548		
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 Al Puckett	05/01/2014	\$500.00
Mailing Address 424 Taylor Thurston Road		
City, State, Zip Code Columbus, MS 39701-8755		
Name of Employer (Required) Columbus Brick Company		
Occupation (Required) manufacturer	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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 Gordon Flowers	05/01/2014	\$500.00
Mailing Address 817 Greenbriar Drive		
City, State, Zip Code Columbus, MS 39705-1458		
Name of Employer (Required) Brunini		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,500.00
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 Airbus Helicopters, Inc.	05/01/2014	\$500.00
Mailing Address 1782 Airport Road		
City, State, Zip Code Columbus, MS 39701-9663		
Name of Employer (Required)		
Occupation (Required)	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) <u>Refund</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Geiger	05/05/2014	\$1,143.64
Mailing Address PO Box 1609		
City, State, Zip Code Lewiston, ME 04241-1609		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,143.64
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. Rick Young	05/05/2014	\$500.00
Mailing Address 1365 E Old Highway 82		
City, State, Zip Code Eupora, MS 39744-2850		
Name of Employer (Required) East Mississippi Community College		
Occupation (Required) President	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 <u>Frank P. Portera</u>	05/05/2014	\$500.00
Mailing Address <u>1042 E Main Street</u>		
City, State, Zip Code <u>West Point, MS 39773-3246</u>		
Name of Employer (Required) <u>Frank's Package Store</u>		
Occupation (Required) <u>Owner</u>	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 <u>Michael T. Caracci</u>	05/06/2014	\$4,000.00
Mailing Address <u>2532 Eastover Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>retired</u>	Aggregate Year-to-date	\$4,000.00

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 <u>Jody Tidwell</u>	05/06/2014	\$1,000.00
Mailing Address <u>2337 Twin Lakes Circle</u>		
City, State, Zip Code <u>Jackson, MS 39211-6758</u>		
Name of Employer (Required) <u>self</u>		
Occupation (Required) <u>consultant</u>	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Coalition For Progress</u>	05/06/2014	\$100.00
Mailing Address <u>PO Box 320925</u>		
City, State, Zip Code <u>Flowood, MS 39232-0925</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$61,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Coalition For Progress	05/06/2014	\$200.00
Mailing Address PO Box 320925		
City, State, Zip Code Flowood, MS 39232-0925		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$61,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Coalition For Progress	05/06/2014	\$200.00
Mailing Address PO Box 320925		
City, State, Zip Code Flowood, MS 39232-0925		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$61,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Prosperity PAC LLC	05/12/2014	\$1,000.00
Mailing Address PO Box 1869		
City, State, Zip Code Brandon, MS 39043-1869		
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 Mrs. Robin McCormick	05/12/2014	\$250.00
Mailing Address 2312 Rosedale Drive		
City, State, Zip Code West Point, MS 39773-9131		
Name of Employer (Required) Watkins, Ward & Stafford, PLLC		
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2014

through

12/31/2014

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 Phyllis Y. Cade	05/12/2014	\$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 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 Brasfield & Gorrie, LLC	05/12/2014	\$500.00
Mailing Address 3021 7th Avenue S		
City, State, Zip Code Birmingham, AL 35233-3502		
Name of Employer (Required)		
Occupation (Required)	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 Entertainment Software Association	05/19/2014	\$500.00
Mailing Address 575 7th Street NW Suite 300		
City, State, Zip Code Washington, DC 20004-1611		
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 Johnny Johnson	06/13/2014	\$10,000.00
Mailing Address 138 Johnsons Ridge		
City, State, Zip Code Brandon, MS 39042-7320		
Name of Employer (Required) self		
Occupation (Required) construction	Aggregate Year-to-date	\$10,000.00

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 Evan Johnson & Sons Construction, Inc.	06/13/2014	\$1,000.00
Mailing Address PO Box 111		
City, State, Zip Code Brandon, MS 39043-0111		
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 Waste Management	06/13/2014	\$500.00
Mailing Address PO Box 3027		
City, State, Zip Code Houston, TX 77253-3027		
Name of Employer (Required)		
Occupation (Required)	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 Merck Sharp & Dohme Corporation	06/19/2014	\$500.00
Mailing Address 304 Mossy Oak Court		
City, State, Zip Code Antioch, TN 37013-7313		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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. Johnny L. Crane Sr.	06/26/2014	\$1,000.00
Mailing Address 116 Francis Drive		
City, State, Zip Code Fulton, MS 38843-8434		
Name of Employer (Required) F.L. Crane and Sons Construction		
Occupation (Required) Contractor	Aggregate Year-to-date	\$6,000.00

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 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 <u>Windle Davis</u>	06/26/2014	\$1,000.00
Mailing Address <u>PO Box 8</u>		
City, State, Zip Code <u>Fulton, MS 38843-0008</u>		
Name of Employer (Required) <u>Davis Ford Sales, Inc.</u>		
Occupation (Required) <u>owner</u>	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 <u>Windle Davis</u>	06/26/2014	\$1,500.00
Mailing Address <u>PO Box 8</u>		
City, State, Zip Code <u>Fulton, MS 38843-0008</u>		
Name of Employer (Required) <u>Davis Ford Sales, Inc.</u>		
Occupation (Required) <u>owner</u>	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 <u>Mr. Bobby Martin</u>	06/26/2014	\$1,000.00
Mailing Address <u>896 S Main Street</u>		
City, State, Zip Code <u>Ripley, MS 38663-2915</u>		
Name of Employer (Required) <u>The Peoples Bank</u>		
Occupation (Required) <u>President</u>	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 <u>Waymon Tigrett</u>	07/01/2014	\$10,000.00
Mailing Address <u>PO Box 395</u>		
City, State, Zip Code <u>Brandon, MS 39043-0395</u>		
Name of Employer (Required) <u>Brandon Discount Drugs</u>		
Occupation (Required) <u>Pharmacist</u>	Aggregate Year-to-date	\$11,000.00

Name of Candidate or Committee

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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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Dental PAC	07/17/2014	\$2,500.00
Mailing Address 439B Katherine Drive		
City, State, Zip Code Flowood, MS 39232-9781		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eli Lilly and Company PAC	07/17/2014	\$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
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. Eugene F. Brown	08/04/2014	\$5,000.00
Mailing Address 584 E Main Street Suite B3		
City, State, Zip Code Philadelphia, MS 39350-2330		
Name of Employer (Required) Browns Discount Drugs		
Occupation (Required) Owner	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Electric Power Associations Of Mississippi State PAC	08/12/2014	\$5,000.00
Mailing Address PO Box 3300		
City, State, Zip Code Ridgeland, MS 39158-3300		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MAE-PAC	08/12/2014	\$7,500.00
Mailing Address PO Box 16490		
City, State, Zip Code Jackson, MS 39236-6490		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BankPlus PAC for Responsible Government	08/18/2014	\$2,500.00
Mailing Address 1068 Highland Colony Parkway		
City, State, Zip Code Ridgeland, MS 39157-8807		
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 Mr. Eason Leake	08/18/2014	\$2,500.00
Mailing Address PO Box 1139		
City, State, Zip Code Jackson, MS 39215-1139		
Name of Employer (Required) Ross and Yerger		
Occupation (Required) President	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name LEN PAC	08/21/2014	\$10,000.00
Mailing Address 3 Lakeland Circle Suite 201		
City, State, Zip Code Jackson, MS 39216-5006		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00

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>First Heritage Credit, LLC</u>	08/21/2014	\$5,000.00
Mailing Address <u>605 Crescent Boulevard Suite 101</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8659</u>		
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 <u>Mr. Charles G. Copeland</u>	08/22/2014	\$1,000.00
Mailing Address <u>PO Box 6020</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-6020</u>		
Name of Employer (Required) <u>Copeland, Cook, Taylor & Bush</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Wellington Associates, Inc.</u>	08/22/2014	\$1,000.00
Mailing Address <u>PO Box 12029</u>		
City, State, Zip Code <u>Jackson, MS 39236-2029</u>		
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 <u>Mrs. Monica Harrigill</u>	08/22/2014	\$2,500.00
Mailing Address <u>106 Gabriel Place</u>		
City, State, Zip Code <u>Madison, MS 39110-8532</u>		
Name of Employer (Required) <u>Jackie's International</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee

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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 Chevron Policy Govt & Public Affairs	08/22/2014	\$1,000.00
Mailing Address PO Box 9034		
City, State, Zip Code Concord, CA 94524-1934		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Manufactured Housing Association PAC	08/25/2014	\$2,500.00
Mailing Address PO Box 320369		
City, State, Zip Code Jackson, MS 39232-0369		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MADA AutoPAC	08/25/2014	\$1,000.00
Mailing Address 800 Woodlands Parkway Suite 100		
City, State, Zip Code Ridgeland, MS 39157-5215		
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 Gouras & Associates LLC	08/29/2014	\$1,000.00
Mailing Address PO Box 1465		
City, State, Zip Code Ridgeland, MS 39158-1465		
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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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 Tourism Association	08/29/2014	\$1,000.00
Mailing Address PO Box 2745		
City, State, Zip Code Madison, MS 39130-2745		
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. William A. Brown	08/29/2014	\$5,000.00
Mailing Address PO Box 16952		
City, State, Zip Code Jackson, MS 39236-6952		
Name of Employer (Required) Brown Bottling Group		
Occupation (Required) CEO	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 Mrs. Sara H. Jones	09/08/2014	\$1,000.00
Mailing Address PO Box 1062		
City, State, Zip Code Yazoo City, MS 39194-1062		
Name of Employer (Required) R.D. Hines, Inc.		
Occupation (Required) Farm Real Estate Agent	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 Brentwood Behavioral Healthcare Of MS	09/08/2014	\$250.00
Mailing Address 3531 Lakeland Drive		
City, State, Zip Code Jackson, MS 39232-8839		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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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 Diamond Grove Center For Children	09/08/2014	\$250.00
Mailing Address 2311 Highway 15 S		
City, State, Zip Code Louisville, MS 39339-7071		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
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 Island View Casino Resort	09/03/2014	\$1,000.00
Mailing Address PO Box 1600		
City, State, Zip Code Gulfport, MS 39502-1600		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Concrete Industries Association PAC	09/09/2014	\$1,000.00
Mailing Address 6700 Old Canton Road Suite K		
City, State, Zip Code Ridgeland, MS 39157-1253		
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 BNSF Railway Company	09/09/2014	\$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

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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 Norfolk Southern Corporation	06/11/2014	\$300.00
Mailing Address RSA Plaza Suite 192, 770 Washington Ave		
City, State, Zip Code Montgomery, AL 36104		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
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 Meridian Southern Railway, LLC	09/09/2014	\$1,000.00
Mailing Address 25 Delphine Street		
City, State, Zip Code Owego, NY 13827-1009		
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 Grand Trunk Western Railroad Company	05/30/2014	\$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 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 Sentry Care, Inc.	09/08/2014	\$500.00
Mailing Address 106 Office Park Drive # A		
City, State, Zip Code Brandon, MS 39042-2404		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Monsanto Company</u>	07/02/2014	\$500.00
Mailing Address <u>PO Box 110604</u>		
City, State, Zip Code <u>Research Triangle Park, NC 27709-5604</u>		
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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rehabilitation Centers, LLC</u>	09/09/2014	\$1,000.00
Mailing Address <u>PO Box 1130</u>		
City, State, Zip Code <u>Magee, MS 39111-1130</u>		
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 <u>Mr. Richard Wax</u>	09/11/2014	\$25,000.00
Mailing Address <u>PO Box 60</u>		
City, State, Zip Code <u>Amory, MS 38821-0060</u>		
Name of Employer (Required) <u>Wax Seed Company</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$25,000.00

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 <u>Waymon Tigrett</u>	11/12/2014	\$1,000.00
Mailing Address <u>PO Box 395</u>		
City, State, Zip Code <u>Brandon, MS 39043-0395</u>		
Name of Employer (Required) <u>Brandon Discount Drugs</u>		
Occupation (Required) <u>Pharmacist</u>	Aggregate Year-to-date	\$11,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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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. Hite M. Lane	11/12/2014	\$1,000.00
Mailing Address 108 Kathryn Drive		
City, State, Zip Code Brandon, MS 39042-9625		
Name of Employer (Required) Carr Plumbing Supply, Inc.		
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 Mr. Alan Wilson	11/17/2014	\$1,000.00
Mailing Address 4000 Lakeland Drive		
City, State, Zip Code Jackson, MS 39232-8891		
Name of Employer (Required) Howard Wilson Chrysler Jeep Dodge		
Occupation (Required) Car Dealer	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. Stephen C. Edds	11/18/2014	\$500.00
Mailing Address 120 Herons Landing		
City, State, Zip Code Ridgeland, MS 39157-8687		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$3,000.00

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 Mrs. Lesley Gaynor Murray	11/18/2014	\$500.00
Mailing Address 120 Herons Landing		
City, State, Zip Code Ridgeland, MS 39157-8687		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	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. Gary Brashers	11/21/2014	\$1,000.00
Mailing Address 305 Northwind Drive		
City, State, Zip Code Brandon, MS 39047-8685		
Name of Employer (Required) GSB Enterprises Inc.		
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 Walter B. Wellington	11/25/2014	\$1,000.00
Mailing Address 192 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-9578		
Name of Employer (Required) Wellington & Associates		
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 Dr. John D. Davis IV	12/03/2014	\$1,000.00
Mailing Address 200 Bent Tree Cove		
City, State, Zip Code Flowood, MS 39232-8689		
Name of Employer (Required) New South Neurospine		
Occupation (Required) Physician	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. Payton Lockety	12/08/2014	\$1,000.00
Mailing Address PO Box 180789		
City, State, Zip Code Richland, MS 39218-0789		
Name of Employer (Required) Vacuum Truck Rentals		
Occupation (Required) VP	Aggregate Year-to-date	\$1,000.00

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 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 <u>Scott Shoemaker</u>	12/02/2014	\$1,000.00
Mailing Address <u>425 Kingsbridge Road</u>		
City, State, Zip Code <u>Madison, MS 39110-7644</u>		
Name of Employer (Required) <u>Shoemaker Homes</u>		
Occupation (Required) <u>owner</u>	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 <u>Mrs. Carolyn Boteler</u>	12/05/2014	\$1,000.00
Mailing Address <u>1984 Cleary Road</u>		
City, State, Zip Code <u>Florence, MS 39073-8843</u>		
Name of Employer (Required) <u>Temp Staff</u>		
Occupation (Required) <u>President</u>	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 <u>Mrs. Carolyn Boteler</u>	12/05/2014	\$1,000.00
Mailing Address <u>1984 Cleary Road</u>		
City, State, Zip Code <u>Florence, MS 39073-8843</u>		
Name of Employer (Required) <u>Temp Staff</u>		
Occupation (Required) <u>President</u>	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 <u>Russell G. Newman</u>	12/05/2014	\$1,000.00
Mailing Address <u>801 Country Place Drive</u>		
City, State, Zip Code <u>Pearl, MS 39208-6621</u>		
Name of Employer (Required) <u>MS Bonding Company</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	\$2,000.00

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 Forest Products, Inc.	12/12/2014	\$1,000.00
Mailing Address PO Box 6254		
City, State, Zip Code Pearl, MS 39288-6254		
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 Jason Womack	12/08/2014	\$1,000.00
Mailing Address 621 N Harbor Drive		
City, State, Zip Code Brandon, MS 39047-7015		
Name of Employer (Required) Womack Auto Sales		
Occupation (Required) Auto Sales	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.	12/09/2014	\$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 Wood Insulation Contractors, Inc.	12/15/2014	\$500.00
Mailing Address PO Box 54637		
City, State, Zip Code Pearl, MS 39288-4637		
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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through 12/31/2014

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 Sharon Wood Agency Inc.	12/15/2014	\$500.00
Mailing Address 1490 W Government Street Suite 1		
City, State, Zip Code Brandon, MS 39042-3024		
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 checked="" type="checkbox"/> Other (please specify) P.A.	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blair & Bondurant, P.A.	11/07/2014	\$500.00
Mailing Address PO Box 321423		
City, State, Zip Code Jackson, MS 39232-1423		
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. Forrest Rhemann Jr.	11/12/2014	\$500.00
Mailing Address 1781 Cleary Road		
City, State, Zip Code Florence, MS 39073-9287		
Name of Employer (Required) Petroleum Equipment Co.		
Occupation (Required) petroleum sales	Aggregate Year-to-date	\$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) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elliott Law Firm	11/18/2014	\$500.00
Mailing Address 127 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8688		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pennington & Trim Alarm Services, Inc.</u>	<u>11/17/2014</u>	<u>\$500.00</u>
Mailing Address <u>4374 Mangum Drive Suite C</u>		
City, State, Zip Code <u>Flowood, MS 39232-2111</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>

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>PA</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Scott C. Woods and Associates PA</u>	<u>12/31/2014</u>	<u>\$250.00</u>
Mailing Address <u>112 Lone Wolf Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-7028</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$750.00</u>

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 <u>Mr. Lemuel Adams III</u>	<u>11/18/2014</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 1407</u>		
City, State, Zip Code <u>Brandon, MS 39043-1407</u>		
Name of Employer (Required) <u>Adams & Edens</u>		
Occupation (Required) <u>Attorney</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>Specialty Contractors & Associates, Inc.</u>	<u>12/26/2014</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 7001</u>		
City, State, Zip Code <u>Gulfport, MS 39506-7001</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

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 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 Mayor Gary Rhoads	11/21/2014	\$500.00
Mailing Address 225 Birch Lane		
City, State, Zip Code Flowood, MS 39232-8412		
Name of Employer (Required) City of Flowood		
Occupation (Required) Mayor	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 Thrash Commercial Contractors Inc.	11/21/2014	\$1,000.00
Mailing Address 211 Commerce Drive		
City, State, Zip Code Brandon, MS 39042-2432		
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 Mike James	11/21/2014	\$500.00
Mailing Address 435 Wimbledon Drive		
City, State, Zip Code Brandon, MS 39047-7303		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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 Harold Walker III	11/26/2014	\$500.00
Mailing Address 112 Lineage Lane		
City, State, Zip Code Flowood, MS 39232-8105		
Name of Employer (Required) Southern Heritage Properties LLC		
Occupation (Required) Manager	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 01/01/2014through 12/31/2014

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 H & E Builders, Inc.	12/08/2014	\$500.00
Mailing Address PO Box 5325		
City, State, Zip Code Brandon, MS 39047-5325		
Name of Employer (Required)		
Occupation (Required)	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 Coleman Hammons Construction Co., Inc.	11/25/2014	\$500.00
Mailing Address PO Box 703		
City, State, Zip Code Brandon, MS 39043-0703		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Hospitality & Restaurant Association PAC	12/03/2014	\$500.00
Mailing Address 130 Riverview Drive Suite A		
City, State, Zip Code Flowood, MS 39232-8921		
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 Stephanie Cummins	12/05/2014	\$500.00
Mailing Address 202 Fountains Cove		
City, State, Zip Code Brandon, MS 39047-4014		
Name of Employer (Required) Front Gate Realty		
Occupation (Required) Realtor	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 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 Mrs. Sylvia Shoemaker	12/08/2014	\$500.00
Mailing Address 604 Janson Court		
City, State, Zip Code Ridgeland, MS 39157-2910		
Name of Employer (Required) Shoemaker Homes		
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 JAA Inc.	12/03/2014	\$500.00
Mailing Address PO Box 1738		
City, State, Zip Code Ridgeland, MS 39158-1738		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Manufactured Housing Association PAC	12/08/2014	\$500.00
Mailing Address PO Box 320369		
City, State, Zip Code Jackson, MS 39232-0369		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00

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 Clark Beverage Group, Inc.	10/07/2014	\$1,000.00
Mailing Address PO Box 968		
City, State, Zip Code Starkville, MS 39760-0968		
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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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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Chiropractors PAC</u>	10/21/2014	\$1,000.00
Mailing Address <u>4294 Lakeland Drive</u>		
City, State, Zip Code <u>Flowood, MS 39232-9509</u>		
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 <u>RAI Services Company</u>	10/10/2014	\$1,000.00
Mailing Address <u>PO Box 464</u>		
City, State, Zip Code <u>Winston Salem, NC 27102-0464</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Caterpillar Employees PAC</u>	09/08/2014	\$2,000.00
Mailing Address <u>600 S 2nd Street Suite 101</u>		
City, State, Zip Code <u>Springfield, IL 62704-2550</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Garden Park Medical Center PAC</u>	10/06/2014	\$1,000.00
Mailing Address <u>15200 Community Road</u>		
City, State, Zip Code <u>Gulfport, MS 39503-3085</u>		
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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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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Power Company State PAC</u>	10/13/2014	\$2,000.00
Mailing Address <u>PO Box 4079</u>		
City, State, Zip Code <u>Gulfport, MS 39502-4079</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>North American Coal PAC</u>	10/16/2014	\$1,000.00
Mailing Address <u>2000 Schafer Street Suite D</u>		
City, State, Zip Code <u>Bismarck, ND 58501-1204</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Sanofi U.S. Services, Inc. Employees' PAC</u>	10/02/2014	\$1,000.00
Mailing Address <u>5417 Chevaux Court</u>		
City, State, Zip Code <u>Little Rock, AR 72223-4296</u>		
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 <u>Mississippi Farm Bureau Federation</u>	09/17/2014	\$250.00
Mailing Address <u>PO Box 1972</u>		
City, State, Zip Code <u>Jackson, MS 39215-1972</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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 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 William R Craig	10/10/2014	\$500.00
Mailing Address 2536 East Churchill Road		
City, State, Zip Code West Point, MS 39773		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$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) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Liberty Springs LLC	10/10/2014	\$1,000.00
Mailing Address PO Box 320001		
City, State, Zip Code Flowood, MS 39232-0001		
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. Hal Parker	10/10/2014	\$10,000.00
Mailing Address 2820 Narrow Gauge Road		
City, State, Zip Code Bolton, MS 39041-9774		
Name of Employer (Required) Parker Development		
Occupation (Required) Developer	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 Mr. Michael Dunlap	10/08/2014	\$1,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		
Name of Employer (Required) Dunlap & Kyle		
Occupation (Required) Retail Tire Dealer	Aggregate Year-to-date	\$1,000.00

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 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 Gordon Flowers	10/10/2014	\$1,000.00
Mailing Address 817 Greenbriar Drive		
City, State, Zip Code Columbus, MS 39705-1458		
Name of Employer (Required) Brunini		
Occupation (Required) Attorney	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 Dwight Dyess	10/10/2014	\$250.00
Mailing Address 618 E Main Street		
City, State, Zip Code West Point, MS 39773-3008		
Name of Employer (Required) BancorpSouth		
Occupation (Required) President	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. Roger A. Pryor	10/10/2014	\$500.00
Mailing Address PO Box 167		
City, State, Zip Code Columbus, MS 39703-0167		
Name of Employer (Required) Pryor & Morrow		
Occupation (Required) architect	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 Gregory Rader	10/10/2014	\$2,500.00
Mailing Address PO Box 8670		
City, State, Zip Code Columbus, MS 39705-0012		
Name of Employer (Required) Gwr Real Estate Holdings, LLC		
Occupation (Required) Managing Member	Aggregate Year-to-date	\$2,500.00

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 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 <u>Mr. John C. Morrow</u>	10/10/2014	\$500.00
Mailing Address <u>597 Greenbriar Drive</u>		
City, State, Zip Code <u>Columbus, MS 39705-1454</u>		
Name of Employer (Required) <u>Pryor and Morrow</u>		
Occupation (Required) <u>Principal Architect</u>	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 <u>William L. Smith</u>	10/09/2014	\$1,000.00
Mailing Address <u>1200 Meadowbrook Road Apt. 18</u>		
City, State, Zip Code <u>Jackson, MS 39206-6109</u>		
Name of Employer (Required) <u>Balch & Bingham</u>		
Occupation (Required) <u>attorney</u>	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 <u>Wilbert G Holliman</u>	10/06/2014	\$5,000.00
Mailing Address <u>4452 Lakewood Lane</u>		
City, State, Zip Code <u>Belden, MS 38826-8710</u>		
Name of Employer (Required) <u>Five Star Limited LLC</u>		
Occupation (Required) <u>President</u>	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 <u>Wilbert G Holliman</u>	10/23/2014	\$5,000.00
Mailing Address <u>4452 Lakewood Lane</u>		
City, State, Zip Code <u>Belden, MS 38826-8710</u>		
Name of Employer (Required) <u>Five Star Limited LLC</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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. William C Reeves	10/23/2014	\$1,000.00
Mailing Address 401 E Capitol Street Suite 200		
City, State, Zip Code Jackson, MS 39201-2608		
Name of Employer (Required) Balch & Bingham		
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 Charles Donald Pulpwood, Inc.	10/10/2014	\$500.00
Mailing Address PO Box 820185		
City, State, Zip Code Vicksburg, MS 39182-0185		
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 checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Larry C. Reeves Contractors LLC.	12/12/2014	\$500.00
Mailing Address PO Box 97223		
City, State, Zip Code Pearl, MS 39288-7223		
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 Mrs. Rhonda Keenum	10/10/2014	\$500.00
Mailing Address 155 Morrill Road		
City, State, Zip Code Starkville, MS 39759-7676		
Name of Employer (Required) Keenum Company		
Occupation (Required) President	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 Comfort Designs, Inc.	12/12/2014	\$500.00
Mailing Address 1732 Old Whitfield Road		
City, State, Zip Code Pearl, MS 39208-9135		
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 Mrs. Jennifer Hall	10/10/2014	\$300.00
Mailing Address 219 Northwind Drive		
City, State, Zip Code Brandon, MS 39047-8683		
Name of Employer (Required) MS Manufactured Housing Association		
Occupation (Required) Gov Relations	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. Tom Underwood	12/11/2014	\$500.00
Mailing Address PO Box 321442		
City, State, Zip Code Flowood, MS 39232-1442		
Name of Employer (Required) Underwood Cos.		
Occupation (Required) Real Estate	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 Turner Wingo	10/10/2014	\$2,500.00
Mailing Address 875 W Poplar Avenue Suite 23		
City, State, Zip Code Collierville, TN 38017-2598		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2014

through

12/31/2014

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 Dr. Roy Ruby	10/10/2014	\$500.00
Mailing Address 104 Langston Cove		
City, State, Zip Code Starkville, MS 39759-4242		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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 James L. Stafford	10/10/2014	\$500.00
Mailing Address PO Box 1216		
City, State, Zip Code West Point, MS 39773-1216		
Name of Employer (Required) Watkins, Ward and Stafford PLLC		
Occupation (Required) Executive Manager	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 Jere Jefcoat	12/19/2014	\$500.00
Mailing Address PO Box 6197		
City, State, Zip Code Pearl, MS 39288-6197		
Name of Employer (Required) Jefcoat Fence Company		
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 Mr. Bob Montgomery	10/10/2014	\$500.00
Mailing Address PO Box 1039		
City, State, Zip Code Canton, MS 39046-1039		
Name of Employer (Required) Montgomery McGraw and Collings, PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 Jack Forbus Insurance Agency, Inc.	10/10/2014	\$500.00
Mailing Address 600 Hogan Street		
City, State, Zip Code Starkville, MS 39759-3384		
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 Troy F Odom	11/07/2014	\$250.00
Mailing Address 216 Greenfield Place		
City, State, Zip Code Brandon, MS 39047-9008		
Name of Employer (Required) Blair & Bondurant PA		
Occupation (Required) Attorney	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. Edward HacsKaylo	11/10/2014	\$250.00
Mailing Address 115 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8688		
Name of Employer (Required) Mississippi Roofing Supply		
Occupation (Required) President	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. Irl Dean Rhodes	11/17/2014	\$250.00
Mailing Address 159 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-9236		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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. James R Nickles Jr.	11/17/2014	\$250.00
Mailing Address PO Box 967		
City, State, Zip Code Brandon, MS 39043-0967		
Name of Employer (Required) N & W Construction		
Occupation (Required) Owner, President	Aggregate Year-to-date	\$250.00

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 Bracken Construction Company, Inc.	10/10/2014	\$1,000.00
Mailing Address PO Box 8399		
City, State, Zip Code Jackson, MS 39284-8399		
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. Edward Moak	11/17/2014	\$250.00
Mailing Address 520 Burnham Road		
City, State, Zip Code Brandon, MS 39042-2010		
Name of Employer (Required) Stuart C. Irby Company		
Occupation (Required) Sales VP	Aggregate Year-to-date	\$250.00

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	10/10/2014	\$1,000.00
Mailing Address PO Box 8399		
City, State, Zip Code Jackson, MS 39284-8399		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 Mrs. Lindsay Buford	11/21/2014	\$250.00
Mailing Address 506 Beacon Cove		
City, State, Zip Code Brandon, MS 39047-7006		
Name of Employer (Required) Greater Jackson Chamber Partnership		
Occupation (Required) Vice President	Aggregate Year-to-date	\$250.00
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 C3 Construction Services	10/10/2014	\$1,000.00
Mailing Address 8300 Fm 1960 Suite 450		
City, State, Zip Code Houston, TX 77070-5699		
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. Mark V Grubbs	11/21/2014	\$250.00
Mailing Address 102 Woodland Court		
City, State, Zip Code Clinton, MS 39056-9727		
Name of Employer (Required) Climate Masters		
Occupation (Required) Manager	Aggregate Year-to-date	\$250.00
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 Equipment Holdings LLC	10/10/2014	\$1,000.00
Mailing Address PO Box 8399		
City, State, Zip Code Jackson, MS 39284-8399		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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. Greg J. Lofton	11/21/2014	\$250.00
Mailing Address PO Box 54676		
City, State, Zip Code Pearl, MS 39288-4676		
Name of Employer (Required) Southern A/C Supply Inc.		
Occupation (Required) Manager	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Protective Life Corporation PAC	10/07/2014	\$10,000.00
Mailing Address PO Box 2606		
City, State, Zip Code Birmingham, AL 35202-2606		
Name of Employer (Required)		
Occupation (Required)	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 John C. Wood	11/21/2014	\$250.00
Mailing Address 2075 Stockton Place		
City, State, Zip Code Brandon, MS 39042		
Name of Employer (Required) All Climate Contractors		
Occupation (Required) Contractor	Aggregate Year-to-date	\$250.00
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 The Clay Firm	10/07/2014	\$1,000.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 Bank Of Kilmichael	10/01/2014	\$1,000.00
Mailing Address PO Box 187		
City, State, Zip Code Kilmichael, MS 39747-0187		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cadence Bank, Na PAC	10/02/2014	\$1,000.00
Mailing Address 2100 3rd Avenue N Suite 1100		
City, State, Zip Code Birmingham, AL 35203-3385		
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 Dr. Rick Young	10/10/2014	\$500.00
Mailing Address 1365 E Old Highway 82		
City, State, Zip Code Eupora, MS 39744-2850		
Name of Employer (Required) East Mississippi Community College		
Occupation (Required) President	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. Lampkin Butts	10/15/2014	\$1,000.00
Mailing Address 8 Laurawood Court		
City, State, Zip Code Laurel, MS 39443-5811		
Name of Employer (Required) Sanderson Farms		
Occupation (Required) COO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 Darden Restaurants, Inc.	09/22/2014	\$500.00
Mailing Address PO Box 695012		
City, State, Zip Code Orlando, FL 32869-5012		
Name of Employer (Required)		
Occupation (Required)	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 F.B.S., Inc.	10/09/2014	\$1,000.00
Mailing Address 8440 Bluebonnet Boulevard Suite A		
City, State, Zip Code Baton Rouge, LA 70810-2978		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Raytheon PAC	10/10/2014	\$5,000.00
Mailing Address 1100 Wilson Boulevard		
City, State, Zip Code Arlington, VA 22209-2249		
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 Mr. Hal David Gober	11/21/2014	\$250.00
Mailing Address 112 Deertrail Lane		
City, State, Zip Code Madison, MS 39110-9308		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 Blakeney Smith	11/21/2014	\$250.00
Mailing Address 915 Starboard Court		
City, State, Zip Code Brandon, MS 39047-7023		
Name of Employer (Required) University of Mississippi Medical Center		
Occupation (Required) Senior Contract Administrator	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. Allen McDaniel	11/25/2014	\$250.00
Mailing Address 112 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8687		
Name of Employer (Required) MS National Guard		
Occupation (Required) Dept Director	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 Grady A. Tucker	11/26/2014	\$250.00
Mailing Address 120 Lawrence Drive		
City, State, Zip Code Brandon, MS 39047-4618		
Name of Employer (Required) Tmg Enterprises, Inc.		
Occupation (Required) President, Director	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. Paul J. Schoeneck Jr.	11/26/2014	\$250.00
Mailing Address 108 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8687		
Name of Employer (Required) Southern Anesthesia PA		
Occupation (Required) Director	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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. Scott Moak	11/26/2014	\$250.00
Mailing Address 114 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8687		
Name of Employer (Required) Ross & Yerger Insurance, Inc		
Occupation (Required) Shareholder	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. Powell B. Ogletree Jr.	12/02/2014	\$250.00
Mailing Address 116 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8687		
Name of Employer (Required) Adams & Reese LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

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 Hercules Concrete Pumping Service of Miss, Inc.	12/05/2014	\$250.00
Mailing Address PO Box 6063		
City, State, Zip Code Pearl, MS 39288-6063		
Name of Employer (Required)		
Occupation (Required)	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. C. Scott Baker	12/08/2014	\$250.00
Mailing Address 340 Afton Drive		
City, State, Zip Code Brandon, MS 39042-3651		
Name of Employer (Required) MS Conservation Center		
Occupation (Required) Wildlife Forester	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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. Robert McKay Jr.	12/03/2014	\$250.00
Mailing Address 125 Poplar Ridge Drive		
City, State, Zip Code Brandon, MS 39047-8409		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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 Jesco, Inc.	10/01/2014	\$199.00
Mailing Address 2020 McCullough Boulevard		
City, State, Zip Code Tupelo, MS 38801-7108		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$398.00

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 Jesco, Inc.	10/01/2014	\$199.00
Mailing Address 2020 McCullough Boulevard		
City, State, Zip Code Tupelo, MS 38801-7108		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$398.00

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. Joshua B. Carnell	12/08/2014	\$250.00
Mailing Address 204 Lake Terrace Place		
City, State, Zip Code Brandon, MS 39047-9505		
Name of Employer (Required) Sales Concepts Inc		
Occupation (Required) Broker	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 <u>Coomes Distributors, Inc.</u>	12/03/2014	\$250.00
Mailing Address <u>1659 W Government Cove</u>		
City, State, Zip Code <u>Brandon, MS 39042-2410</u>		
Name of Employer (Required)		
Occupation (Required)	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 <u>Mr. Harold L. Weess</u>	12/08/2014	\$250.00
Mailing Address <u>PO Box 1953</u>		
City, State, Zip Code <u>Florence, MS 39073-1953</u>		
Name of Employer (Required) <u>Trustmark</u>		
Occupation (Required) <u>Banker</u>	Aggregate Year-to-date	\$650.00

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 <u>Mr. Duane Stevens</u>	12/08/2014	\$250.00
Mailing Address <u>106 Cherry Cove</u>		
City, State, Zip Code <u>Madison, MS 39110-8557</u>		
Name of Employer (Required) <u>Stevens Mechanical Systems, Inc.</u>		
Occupation (Required) <u>owner</u>	Aggregate Year-to-date	\$250.00

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 <u>R & R Mechanical</u>	12/03/2014	\$250.00
Mailing Address <u>PO Box 1394</u>		
City, State, Zip Code <u>Florence, MS 39073-1394</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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 <u>Neely'S Starter Alternator Service, Inc.</u>	12/02/2014	\$250.00
Mailing Address <u>151 Linda Jo Drive</u>		
City, State, Zip Code <u>Richland, MS 39218-9224</u>		
Name of Employer (Required)		
Occupation (Required)	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 <u>Neil Lee</u>	12/02/2014	\$250.00
Mailing Address <u>206 Lafayette Lane</u>		
City, State, Zip Code <u>Flowood, MS 39232-9045</u>		
Name of Employer (Required) <u>Pearl River Mud Bogs, LLC</u>		
Occupation (Required) <u>Principal</u>	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 <u>Dr. Jonathan Patch</u>	12/03/2014	\$250.00
Mailing Address <u>718 Inheritance Place</u>		
City, State, Zip Code <u>Flowood, MS 39232-7903</u>		
Name of Employer (Required) <u>St. Dominic</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	\$250.00

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 <u>Holmes Company of Jackson, Inc.</u>	12/08/2014	\$250.00
Mailing Address <u>PO Box 180549</u>		
City, State, Zip Code <u>Richland, MS 39218-0549</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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 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 <u>William Rayburn</u>	09/25/2014	\$500.00
Mailing Address <u>1214 Office Park Drive</u>		
City, State, Zip Code <u>Oxford, MS 38655-3597</u>		
Name of Employer (Required) <u>FNC, Inc</u>		
Occupation (Required) <u>CEO</u>	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 <u>Steven Zachow</u>	12/09/2014	\$250.00
Mailing Address <u>410 W Wycombe</u>		
City, State, Zip Code <u>Jackson, MS 39232-8958</u>		
Name of Employer (Required) <u>Radiation Oncology of MS, P.A.</u>		
Occupation (Required) <u>Physician</u>	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 <u>Mr. Arnie Hederman</u>	09/25/2014	\$500.00
Mailing Address <u>5 Charleston Place</u>		
City, State, Zip Code <u>Jackson, MS 39211-6070</u>		
Name of Employer (Required) <u>Clearwater Group</u>		
Occupation (Required) <u>consultant</u>	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 <u>Mr. Jim Herring</u>	10/05/2014	\$500.00
Mailing Address <u>232 E Semmes Street</u>		
City, State, Zip Code <u>Canton, MS 39046-4530</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	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 Exxon Mobil	10/05/2014	\$1,000.00
Mailing Address PO Box 551		
City, State, Zip Code Baton Rouge, LA 70821-0551		
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 Motorola	10/05/2014	\$1,000.00
Mailing Address PO Box 68429		
City, State, Zip Code Schaumburg, IL 60168-0429		
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 Marsh Marketing, Inc.	12/08/2014	\$250.00
Mailing Address 533 Madeleine Court		
City, State, Zip Code Brandon, MS 39047-8059		
Name of Employer (Required)		
Occupation (Required)	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. Harry S Mayer	10/02/2014	\$250.00
Mailing Address 7641 Woodridge Circle		
City, State, Zip Code Meridian, MS 39305-9477		
Name of Employer (Required) Harry Mayer Clothiers		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

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 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.	10/02/2014	\$5,000.00
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 Mr. Frank M. Youngblood Jr.	12/10/2014	\$250.00
Mailing Address 710 Inheritance Place		
City, State, Zip Code Flowood, MS 39232-7903		
Name of Employer (Required) Affordable Family Properties, Inc.		
Occupation (Required) Vice President, Director	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 Richard Partridge	10/02/2014	\$10,000.00
Mailing Address 4273 I 55 N Suite 1B		
City, State, Zip Code Jackson, MS 39206-6157		
Name of Employer (Required) The Partridge Companies		
Occupation (Required) owner	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 Mr. Robert Downing	12/09/2014	\$250.00
Mailing Address 1736 Cleary Road		
City, State, Zip Code Florence, MS 39073-9288		
Name of Employer (Required) Mississippi Mechanical, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Psychology PAC</u>	12/08/2014	\$250.00
Mailing Address <u>PO Box 4326</u>		
City, State, Zip Code <u>Jackson, MS 39296-4326</u>		
Name of Employer (Required)		
Occupation (Required)	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 <u>Jerry Stogner</u>	09/19/2014	\$1,000.00
Mailing Address <u>PO Box 1683</u>		
City, State, Zip Code <u>McComb, MS 39649-1683</u>		
Name of Employer (Required) <u>East McComb Check Cash</u>		
Occupation (Required) <u>Owner</u>	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 <u>Mac Elliott</u>	09/08/2014	\$10,000.00
Mailing Address <u>PO Box 2387</u>		
City, State, Zip Code <u>Madison, MS 39130-2387</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Private Investor</u>	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 <u>Mrs. Elizabeth Buyan</u>	09/08/2014	\$500.00
Mailing Address <u>4006 Oakridge Drive</u>		
City, State, Zip Code <u>Jackson, MS 39216-3413</u>		
Name of Employer (Required) <u>Mississippi Opera</u>		
Occupation (Required) <u>Executive Director</u>	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 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 B. Danley Lomax	12/08/2014	\$250.00
Mailing Address 313 Northwind Drive		
City, State, Zip Code Brandon, MS 39047-8685		
Name of Employer (Required) LOMAX RESOURCES, LLC		
Occupation (Required) Agent	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. Doyle Clark	12/17/2014	\$250.00
Mailing Address 180 Dogwood Lane S		
City, State, Zip Code Florence, MS 39073-9760		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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. Scott Cooper	12/15/2014	\$250.00
Mailing Address 246 Concord Road		
City, State, Zip Code Pelahatchie, MS 39145-3322		
Name of Employer (Required) Cooper Scott & Joann		
Occupation (Required) Contractor	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. Delmar Taylor	12/15/2014	\$250.00
Mailing Address 12801 Scr 504		
City, State, Zip Code Louin, MS 39338-5059		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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 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 C R Ridgway	09/08/2014	\$500.00
Mailing Address 4662 Trawick Drive		
City, State, Zip Code Jackson, MS 39211-5834		
Name of Employer (Required) Ridgway Realty, Inc.		
Occupation (Required) Realtor	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. Joey Havens	09/08/2014	\$500.00
Mailing Address 6 Gallaghers Pass		
City, State, Zip Code Ridgeland, MS 39157-9218		
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 Mr. Hugh Parker	09/07/2014	\$1,000.00
Mailing Address 120 Canterbury Place		
City, State, Zip Code Ridgeland, MS 39157-8730		
Name of Employer (Required) Horne CPA Group		
Occupation (Required) Executive Partner	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 Ms. Deborah W. Coleman	09/07/2014	\$500.00
Mailing Address 505 Saratoga Cove		
City, State, Zip Code Madison, MS 39110-7036		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Budget Analyst	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

Friends Of Tate Reeves

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01/01/2014

through

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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. George R. Rea Jr.	09/08/2014	\$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
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 Steven Zachow	09/08/2014	\$500.00
Mailing Address 410 W Wycombe		
City, State, Zip Code Jackson, MS 39232-8958		
Name of Employer (Required) Radiation Oncology of MS, P.A.		
Occupation (Required) Physician	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 Mr. George B Pickett	09/05/2014	\$1,000.00
Mailing Address PO Box 137		
City, State, Zip Code Jackson, MS 39205-0137		
Name of Employer (Required) Pickett, Bradford & Assoc., PA		
Occupation (Required) Life 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 Peter Marks	10/02/2014	\$500.00
Mailing Address 420 Saint Andrews Drive		
City, State, Zip Code Jackson, MS 39211-2511		
Name of Employer (Required) Maris, West & Baker		
Occupation (Required) Advertising	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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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 <u>Ms. Donna E. Roberts</u>	09/08/2014	\$1,000.00
Mailing Address <u>503 N Lamar Boulevard</u>		
City, State, Zip Code <u>Oxford, MS 38655-3205</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	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 <u>Millette Administrators, Inc.</u>	10/02/2014	\$1,000.00
Mailing Address <u>4619 Main Street Suite A</u>		
City, State, Zip Code <u>Moss Point, MS 39563-3939</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>General Motors Company PAC</u>	08/26/2014	\$1,000.00
Mailing Address <u>25 Massachusetts Avenue NW Suite 400</u>		
City, State, Zip Code <u>Washington, DC 20001-1427</u>		
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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Deweese Title Loan, LLC</u>	08/26/2014	\$250.00
Mailing Address <u>208 Highway 12 W # B</u>		
City, State, Zip Code <u>Starkville, MS 39759-3762</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
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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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>United Health Group PAC</u>	08/05/2014	\$500.00
Mailing Address <u>9900 Bren Road E</u>		
City, State, Zip Code <u>Minnetonka, MN 55343-9664</u>		
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 <u>Mr. Charles E. Ross</u>	09/15/2014	\$500.00
Mailing Address <u>PO Box 651</u>		
City, State, Zip Code <u>Jackson, MS 39205-0651</u>		
Name of Employer (Required) <u>Wise Carter Child & Caraway, P.A.</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Pinnacle Entertainment</u>	07/24/2014	\$1,000.00
Mailing Address <u>3980 Howard Hughes Parkway</u>		
City, State, Zip Code <u>Las Vegas, NV 89169-0992</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Credit Union PAC</u>	09/15/2014	\$1,000.00
Mailing Address <u>1400 Lakeover Road</u>		
City, State, Zip Code <u>Jackson, MS 39213-8000</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Independent Insurance Agents of Mississippi PAC	08/21/2014	\$1,000.00
Mailing Address 124 Riverview Drive		
City, State, Zip Code Flowood, MS 39232-8908		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Beverage Association Of Mississippi PAC	09/15/2014	\$2,500.00
Mailing Address 3000B N State Street		
City, State, Zip Code Jackson, MS 39216-4203		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Home Builders Association of Mississippi (Build PAC)	08/14/2014	\$2,500.00
Mailing Address PO Box 3556		
City, State, Zip Code Jackson, MS 39207-3556		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jones Walker LLP	08/27/2014	\$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	\$3,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 <u>Timothy Kellar</u>	08/25/2014	\$250.00
Mailing Address <u>15180 Alsobrooks Road</u>		
City, State, Zip Code <u>Picayune, MS 39466-7546</u>		
Name of Employer (Required) <u>Kellar LLC</u>		
Occupation (Required) <u>President</u>	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 <u>Bill Benson</u>	08/25/2014	\$1,000.00
Mailing Address <u>475 County Road 520</u>		
City, State, Zip Code <u>Shannon, MS 38868-8753</u>		
Name of Employer (Required) <u>Lee County, MS</u>		
Occupation (Required) <u>Chancery Clerk</u>	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 <u>Bill Benson</u>	08/25/2014	\$1,000.00
Mailing Address <u>475 County Road 520</u>		
City, State, Zip Code <u>Shannon, MS 38868-8753</u>		
Name of Employer (Required) <u>Lee County, MS</u>		
Occupation (Required) <u>Chancery Clerk</u>	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 <u>Keith Crosby</u>	09/02/2014	\$1,000.00
Mailing Address <u>12405 Moreton Place</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-2718</u>		
Name of Employer (Required) <u>Palace Casino</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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>Point One Strategies, LLC</u>	09/15/2014	\$1,000.00
Mailing Address <u>PO Box 3015</u>		
City, State, Zip Code <u>Jackson, MS 39207-3015</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Cable PAC MCTA</u>	09/15/2014	\$2,500.00
Mailing Address <u>PO Box 55867</u>		
City, State, Zip Code <u>Jackson, MS 39296-5867</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Bankers Association PAC</u>	09/15/2014	\$2,500.00
Mailing Address <u>PO Box 1091</u>		
City, State, Zip Code <u>Jackson, MS 39215-1091</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Association of Realtors PAC</u>	09/05/2014	\$5,000.00
Mailing Address <u>PO Box 321000</u>		
City, State, Zip Code <u>Flowood, MS 39232-1000</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Manufacturers Association PAC	09/11/2014	\$5,000.00
Mailing Address 720 N President Street		
City, State, Zip Code Jackson, MS 39202-3004		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name AT&T Mississippi PAC	09/15/2014	\$5,000.00
Mailing Address 111 E Capitol Street Suite 6030		
City, State, Zip Code Jackson, MS 39201-2108		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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 Gulf Guaranty Life Insurance Company	09/15/2014	\$500.00
Mailing Address PO Box 12409		
City, State, Zip Code Jackson, MS 39236-2409		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Pawnbrokers PAC	09/11/2014	\$500.00
Mailing Address 1425 University Boulevard		
City, State, Zip Code Jackson, MS 39204-3130		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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>Health Assurances LLC</u>	09/12/2014	\$2,500.00
Mailing Address <u>5903 Ridgewood Road Suite 320</u>		
City, State, Zip Code <u>Jackson, MS 39211-3706</u>		
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 <u>Bill D Buffington</u>	09/15/2014	\$5,000.00
Mailing Address <u>12 Ashton Garden</u>		
City, State, Zip Code <u>Jackson, MS 39211</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Wireless Consultant</u>	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)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Independent Rx PAC</u>	12/11/2014	\$2,500.00
Mailing Address <u>4209 Lakeland Drive Suite 399</u>		
City, State, Zip Code <u>Jackson, MS 39232-9212</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$12,500.00
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 <u>Meyer and Resenbaum, Inc.</u>	12/11/2014	\$1,000.00
Mailing Address <u>PO Box 1729</u>		
City, State, Zip Code <u>Meridian, MS 39302-1729</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Road Builders PAC	09/15/2014	\$5,000.00
Mailing Address 601 George Street		
City, State, Zip Code Jackson, MS 39202-3016		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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 Burns Cooley Dennis, Inc.	12/11/2014	\$1,000.00
Mailing Address PO Box 12828		
City, State, Zip Code Jackson, MS 39236-2828		
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. Crowell Armstrong	09/15/2014	\$500.00
Mailing Address 113 Park Avenue		
City, State, Zip Code Madison, MS 39110-8430		
Name of Employer (Required) Armstrong & Associates		
Occupation (Required) 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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name ENPAC Mississippi	12/11/2014	\$1,000.00
Mailing Address PO Box 1640		
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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>Warnock & Associates, LLC</u>	12/11/2014	\$1,000.00
Mailing Address <u>PO Box 1623</u>		
City, State, Zip Code <u>Canton, MS 39046-1623</u>		
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 <u>Mississippi Alarm Association, Inc</u>	09/04/2014	\$1,000.00
Mailing Address <u>PO Box 720252</u>		
City, State, Zip Code <u>Jackson, MS 39272-0252</u>		
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 <u>Stephen Renfroe</u>	09/14/2014	\$1,000.00
Mailing Address <u>5113 Arthur Street</u>		
City, State, Zip Code <u>Moss Point, MS 39563-2705</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</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>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Butler Snow LLP</u>	12/11/2014	\$1,000.00
Mailing Address <u>PO Box 6010</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-6010</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 Hughes	12/11/2014	\$1,000.00
Mailing Address 115 Rosedowne Bend		
City, State, Zip Code Madison, MS 39110-4710		
Name of Employer (Required) Gary Hughes Construction		
Occupation (Required) Executive	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 Advantage Capital Partners	09/15/2014	\$1,000.00
Mailing Address 909 Poydras Street Suite 2230		
City, State, Zip Code New Orleans, LA 70112-4003		
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 Software Technology, Inc.	09/05/2014	\$1,000.00
Mailing Address 739 N University Boulevard 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 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. Guy White	12/11/2014	\$1,000.00
Mailing Address 136 Woodmont Way		
City, State, Zip Code Ridgeland, MS 39157-8618		
Name of Employer (Required) White Construction		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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 Russell G. Newman	09/15/2014	\$1,000.00
Mailing Address 801 Country Place Drive		
City, State, Zip Code Pearl, MS 39208-6621		
Name of Employer (Required) MS Bonding Company		
Occupation (Required) Vice President	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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tellus Operating Group, LLC	12/12/2014	\$1,000.00
Mailing Address 602 Crescent Place Suite 100		
City, State, Zip Code Ridgeland, MS 39157-8676		
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 Buddy Medlin and Associates, Inc.	09/15/2014	\$1,000.00
Mailing Address PO Box 24087		
City, State, Zip Code Jackson, MS 39225-4087		
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>Political Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Mary Hawkins Butler	12/11/2014	\$1,000.00
Mailing Address 217 Calumet Drive		
City, State, Zip Code Madison, MS 39110-8686		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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 Bruce Kelly	12/11/2014	\$1,000.00
Mailing Address 302 Eastpark Street		
City, State, Zip Code Ridgeland, MS 39157-2069		
Name of Employer (Required) Senior Living Centers		
Occupation (Required) Executive	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. William M Billingsley	12/11/2014	\$500.00
Mailing Address 569 N Old Canton Road		
City, State, Zip Code Madison, MS 39110-8111		
Name of Employer (Required) Home Health Care Affiliates, Inc.		
Occupation (Required) Executive	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Good Government PAC	09/15/2014	\$1,000.00
Mailing Address PO Box 4019		
City, State, Zip Code Gulfport, MS 39502-4019		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,500.00
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 Caremark RX, Inc.	09/03/2014	\$1,000.00
Mailing Address PO Box 287		
City, State, Zip Code Lincoln, RI 02895		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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 The Coca-Cola Company	09/12/2014	\$1,000.00
Mailing Address 5601 Citrus Blvd.		
City, State, Zip Code Harahan, LA 70123		
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 and Reese LLP	09/12/2014	\$1,000.00
Mailing Address 1018 Highland Parkway Suite 800		
City, State, Zip Code Ridgeland, MS 39157-2057		
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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kinetic Staffing, LLC	09/15/2014	\$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 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 RKB LLC	09/15/2014	\$500.00
Mailing Address 201 Northlake Avenue Suite 109-9		
City, State, Zip Code Ridgeland, MS 39157-1715		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Sunrise Partners, LP</u>	09/15/2014	\$500.00
Mailing Address <u>4 River Bend Place Suite 110</u>		
City, State, Zip Code <u>Flowood, MS 39232-9710</u>		
Name of Employer (Required)		
Occupation (Required)	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 <u>Hood Baumann & Associates</u>	09/15/2014	\$500.00
Mailing Address <u>616 Spanish Town Road</u>		
City, State, Zip Code <u>Baton Rouge, LA 70802-5349</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Hospital Association PAC</u>	12/11/2014	\$500.00
Mailing Address <u>PO Box 1909</u>		
City, State, Zip Code <u>Madison, MS 39130-1909</u>		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MADA AutoPAC</u>	12/11/2014	\$500.00
Mailing Address <u>800 Woodlands Parkway Suite 100</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-5215</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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 Daniel Grafton	12/15/2014	\$500.00
Mailing Address 1228 Stokes Road		
City, State, Zip Code Canton, MS 39046-8002		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$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 Got Waste?	12/10/2014	\$500.00
Mailing Address PO Box 267		
City, State, Zip Code Flora, MS 39071-0267		
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 Dr. Carey Johnston D. M. D.	12/19/2014	\$500.00
Mailing Address 1064 Stokes Road		
City, State, Zip Code Canton, MS 39046-8407		
Name of Employer (Required) Endodontic Associates PLLC		
Occupation (Required) Dentist	Aggregate Year-to-date	\$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>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jones Walker LLP	12/11/2014	\$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	\$3,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

01/01/2014

through

12/31/2014

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. Clyde X. Copeland III	12/11/2014	\$500.00
Mailing Address 106 Glenwood Bend		
City, State, Zip Code Madison, MS 39110-6575		
Name of Employer (Required) Harris Jernigan & Geno		
Occupation (Required) Attorney	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 Gerald Steen	12/11/2014	\$500.00
Mailing Address 312 Bob White Lane		
City, State, Zip Code Ridgeland, MS 39157-9455		
Name of Employer (Required) Victory Marketing		
Occupation (Required) Executive	Aggregate Year-to-date	\$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) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baldridge Law Firm P.L.L.C.	12/09/2014	\$250.00
Mailing Address 302 Highland Park Cove Suite B		
City, State, Zip Code Ridgeland, MS 39157-6058		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cable PAC MCTA	12/11/2014	\$250.00
Mailing Address PO Box 55867		
City, State, Zip Code Jackson, MS 39296-5867		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,750.00

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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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pickering, Inc. PAC	09/09/2014	\$500.00
Mailing Address 460 Briarwood Dr Suite 115		
City, State, Zip Code Jackson, MS 39203		
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 Robert Wise	09/15/2014	\$500.00
Mailing Address 120 N Congress Street Suite 902		
City, State, Zip Code Jackson, MS 39201-2619		
Name of Employer (Required) Sharp & Wise PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$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>PA</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott C. Woods and Associates PA	09/15/2014	\$500.00
Mailing Address 112 Lone Wolf Drive		
City, State, Zip Code Madison, MS 39110-7028		
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 Mrs. Kay H Atwood-Van Skiver	09/13/2014	\$500.00
Mailing Address PO Box 565		
City, State, Zip Code Kosciusko, MS 39090-0565		
Name of Employer (Required) Atwood Fence Co.		
Occupation (Required) Hwy Contractor	Aggregate Year-to-date	\$3,000.00

Name of Candidate or Committee

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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 MMC Materials, Inc.	09/12/2014	\$500.00
Mailing Address PO Box 2569		
City, State, Zip Code Madison, MS 39130-2569		
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 Medical Transportation Management	09/11/2014	\$500.00
Mailing Address 149 Thompson Avenue E Suite 150		
City, State, Zip Code West St Paul, MN 55118-3238		
Name of Employer (Required)		
Occupation (Required)	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 Alliance Health Center	09/02/2014	\$250.00
Mailing Address 50000 Highway 39 North		
City, State, Zip Code Meridian, MS 39301		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
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.	09/09/2014	\$500.00
Mailing Address PO Box 1990		
City, State, Zip Code Columbia Falls, MT 59912-1990		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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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 <u>Check Into Cash of Mississippi, Inc.</u>	06/12/2014	\$1,000.00
Mailing Address <u>201 Keith Street SW Suite 80</u>		
City, State, Zip Code <u>Cleveland, TN 37311-5867</u>		
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 <u>Capitol Partners</u>	09/05/2014	\$500.00
Mailing Address <u>PO Box 4385</u>		
City, State, Zip Code <u>Brandon, MS 39047-4385</u>		
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 <u>Roy Hutcheson</u>	08/18/2014	\$300.00
Mailing Address <u>1904 Roseberry Drive</u>		
City, State, Zip Code <u>Scottsboro, AL 35769-3952</u>		
Name of Employer (Required) <u>Hutcheson Investments Inc</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$300.00

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 <u>Al Williams Bail Bond Company</u>	08/28/2014	\$500.00
Mailing Address <u>2620 Highway 51 S</u>		
City, State, Zip Code <u>Hernando, MS 38632-2137</u>		
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 Nell Wyatt Real Estate	12/11/2014	\$250.00
Mailing Address 111 Hidden Heights		
City, State, Zip Code Ridgeland, MS 39157-8627		
Name of Employer (Required)		
Occupation (Required)	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 Dr. Henry Tyler	12/11/2014	\$250.00
Mailing Address 137 Bridgewater Crossing		
City, State, Zip Code Ridgeland, MS 39157-8602		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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 John Rounsaville	12/11/2014	\$250.00
Mailing Address 206 Culpepper Boulevard		
City, State, Zip Code Madison, MS 39110-7359		
Name of Employer (Required) Waggoner Engineering		
Occupation (Required) Vice President	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. Buford Clark	12/11/2014	\$250.00
Mailing Address 132 Reserve Crossing		
City, State, Zip Code Madison, MS 39110-7615		
Name of Employer (Required) Waste Management		
Occupation (Required) Public Affairs Area Manager	Aggregate Year-to-date	\$250.00

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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 Reynolds Engineering, LLC	12/11/2014	\$250.00
Mailing Address PO Box 526		
City, State, Zip Code Jackson, MS 39205-0526		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Windstream PAC	12/19/2014	\$250.00
Mailing Address 1201 W Peachtree Street NW Suite 610		
City, State, Zip Code Atlanta, GA 30309-3491		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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 G & B Investments, Inc.	12/11/2014	\$250.00
Mailing Address 100 Webster Circle		
City, State, Zip Code Madison, MS 39110-7366		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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 Apollo Education Group	12/11/2014	\$250.00
Mailing Address University of Phoenix Institute for Professional Development		
City, State, Zip Code University of Phoenix, AZ 85040		
Name of Employer (Required)		
Occupation (Required)	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 US Consolidated, Inc.	12/11/2014	\$250.00
Mailing Address PO Box 20073		
City, State, Zip Code Jackson, MS 39289-0073		
Name of Employer (Required)		
Occupation (Required)	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. Phillip Buffington	12/11/2014	\$600.00
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	\$600.00
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 AI Williams Bail Bond Company	09/03/2014	\$500.00
Mailing Address 2620 Highway 51 S		
City, State, Zip Code Hernando, MS 38632-2137		
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. Randall Long	09/03/2014	\$500.00
Mailing Address 3201 N Madison Street		
City, State, Zip Code Corinth, MS 38834-2023		
Name of Employer (Required) Long Wholesale		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00

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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 Mississippi Bail Agents Association	08/18/2014	\$1,000.00
Mailing Address 413 S President Street Suite 111		
City, State, Zip Code Jackson, MS 39201-5006		
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 Sage Advice, Inc.	09/15/2014	\$1,000.00
Mailing Address PO Box 959		
City, State, Zip Code Ridgeland, MS 39158-0959		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MTPA PAC	08/28/2014	\$1,000.00
Mailing Address 345 Highway 6 W		
City, State, Zip Code Batesville, MS 38606-2558		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Physicians PAC	08/13/2014	\$5,000.00
Mailing Address 404 W Parkway Place		
City, State, Zip Code Ridgeland, MS 39157-6010		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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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 Anheuser Busch Companies	06/30/2014	\$1,000.00
Mailing Address 1 Busch Place		
City, State, Zip Code Saint Louis, MO 63118-1849		
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 Baxter Healthcare Corporation	07/18/2014	\$500.00
Mailing Address 1 Baxter Parkway		
City, State, Zip Code Deerfield, IL 60015-4625		
Name of Employer (Required)		
Occupation (Required)	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 Entertainment Software Association	08/08/2014	\$500.00
Mailing Address 575 7th Street NW Suite 300		
City, State, Zip Code Washington, DC 20004-1611		
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 Learning Through Sports, Inc.	08/11/2014	\$1,000.00
Mailing Address 1063 Narrows Way Suite C		
City, State, Zip Code Birmingham, AL 35242		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MD Eye Political Action Committee	09/03/2014	\$2,500.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
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 Dr. Don E. Marascalco	08/18/2014	\$250.00
Mailing Address PO Box 1551		
City, State, Zip Code Meridian, MS 39302-1551		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
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 Pfizer, Inc.	08/21/2014	\$1,000.00
Mailing Address 6730 Lenox Center Court		
City, State, Zip Code Memphis, TN 38115-4288		
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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Skoolads LLC	08/15/2014	\$1,000.00
Mailing Address 1326 Kirby Parkway		
City, State, Zip Code Memphis, TN 38120-3419		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Regions Financial Corporation PAC</u>	09/04/2014	\$1,500.00
Mailing Address <u>1015 15th Street NW Suite 920</u>		
City, State, Zip Code <u>Washington, DC 20005-2623</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Malt Beverage Association Six-PAC</u>	09/04/2014	\$10,000.00
Mailing Address <u>PO Box 1132</u>		
City, State, Zip Code <u>Jackson, MS 39215-1132</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Independent Rx PAC</u>	09/15/2014	\$10,000.00
Mailing Address <u>4209 Lakeland Drive Suite 399</u>		
City, State, Zip Code <u>Jackson, MS 39232-9212</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$12,500.00

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 <u>Corporate Relations Management</u>	09/15/2014	\$1,000.00
Mailing Address <u>PO Box 84</u>		
City, State, Zip Code <u>Canton, MS 39046-0084</u>		
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. Burke C Murphy Jr.	09/15/2014	\$1,000.00
Mailing Address PO Box 84		
City, State, Zip Code Canton, MS 39046-0084		
Name of Employer (Required) Corporate Relations Management		
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 Vision Research Corporation	09/12/2014	\$1,000.00
Mailing Address 211 Summit Parkway Suite 105		
City, State, Zip Code Birmingham, AL 35209-4742		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Baker Donelson Mississippi PAC	09/11/2014	\$5,000.00
Mailing Address PO Box 14167		
City, State, Zip Code Jackson, MS 39236-4167		
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 Mr. Austin Barbour	12/11/2014	\$2,500.00
Mailing Address 210 E Capitol Street Suite 2120		
City, State, Zip Code Jackson, MS 39201-2311		
Name of Employer (Required) Clearwater Group		
Occupation (Required) Consultant	Aggregate Year-to-date	\$2,500.00

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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 WJS & Associates, Inc.	12/11/2014	\$1,000.00
Mailing Address PO Box 100		
City, State, Zip Code Madison, MS 39130-0100		
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. Kristian Agoglia	12/11/2014	\$2,000.00
Mailing Address 259 River Road		
City, State, Zip Code Columbia, MS 39429-8789		
Name of Employer (Required) Looks Great Services Inc		
Occupation (Required) 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 Mr. Thomas L. Wallace	12/16/2014	\$1,000.00
Mailing Address 78 Lakeview Road		
City, State, Zip Code Columbia, MS 39429-3718		
Name of Employer (Required) TL Wallace Construction, Inc.		
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 Mr. Wilton Johnson III	09/15/2014	\$1,000.00
Mailing Address 1620 Belmont Street		
City, State, Zip Code Jackson, MS 39202-1203		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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 Bishop James E Carney	12/16/2014	\$1,000.00
Mailing Address 1412 Highway 98 E		
City, State, Zip Code Columbia, MS 39429-8103		
Name of Employer (Required) Woodlawn Church		
Occupation (Required) Bishop	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	09/15/2014	\$1,000.00
Mailing Address 1510 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1819		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
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. Jerron Carney	12/16/2014	\$1,000.00
Mailing Address 238 Graves Creek Road		
City, State, Zip Code Columbia, MS 39429-9607		
Name of Employer (Required) Woodlawn Church		
Occupation (Required) Senior Pastor	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. Lee Harrell	09/15/2014	\$250.00
Mailing Address 106 Winchester Lane		
City, State, Zip Code Brandon, MS 39042-3239		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

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 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. Jay Carney	12/16/2014	\$1,000.00
Mailing Address 74 Lakeview Road		
City, State, Zip Code Columbia, MS 39429-3718		
Name of Employer (Required) T L Wallace Construction		
Occupation (Required) Secretary	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 Matthew McLaughlin	09/15/2014	\$250.00
Mailing Address 1609 Lyncrest Avenue		
City, State, Zip Code Jackson, MS 39202-1224		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

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 Stand Up for Mississippi	12/16/2014	\$1,000.00
Mailing Address 1378 Broad Street		
City, State, Zip Code Columbia, MS 39429-3118		
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>PA</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dungan Engineering PA	12/16/2014	\$2,000.00
Mailing Address PO Box 150		
City, State, Zip Code Columbia, MS 39429-0150		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00

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 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. Stephen C. Edds	09/15/2014	\$2,500.00
Mailing Address 120 Herons Landing		
City, State, Zip Code Ridgeland, MS 39157-8687		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$3,000.00
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. Randy Wallace	12/16/2014	\$1,000.00
Mailing Address 30 Hassellwood Drive		
City, State, Zip Code Columbia, MS 39429-8191		
Name of Employer (Required) Pearl River Valley Electric Power		
Occupation (Required) Executive	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 A-1 Building, LLC	12/16/2014	\$1,000.00
Mailing Address PO Box 450		
City, State, Zip Code Columbia, MS 39429-0450		
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 Dixie Mat & Hardwood Co. Inc.	12/16/2014	\$1,000.00
Mailing Address 2438 Highway 98 E		
City, State, Zip Code Columbia, MS 39429-8056		
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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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 Citizens Bank Columbia	12/16/2014	\$1,000.00
Mailing Address PO Box 232		
City, State, Zip Code Columbia, MS 39429-0232		
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. Brent Alexander	09/15/2014	\$500.00
Mailing Address 1501 N State Street		
City, State, Zip Code Jackson, MS 39202-1646		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	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 M.G. Dyess Inc.	12/16/2014	\$1,000.00
Mailing Address PO Box 520		
City, State, Zip Code Bassfield, MS 39421-0520		
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 Jabari O Edwards	09/15/2014	\$6,500.00
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	\$6,500.00

Name of Candidate or Committee

Friends Of Tate Reeves

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through 12/31/2014

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. Kenneth Breakfield	12/16/2014	\$1,000.00
Mailing Address 1221 Lampton Hilltop Road		
City, State, Zip Code Columbia, MS 39429-8034		
Name of Employer (Required) Quality Welding & Fabrication, Inc.		
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 James Broaddus	09/15/2014	\$6,500.00
Mailing Address 1301 S Capital Of Texas Highway Suite 302A		
City, State, Zip Code West Lake Hills, TX 78746-6581		
Name of Employer (Required) Broaddus and Associates		
Occupation (Required) owner	Aggregate Year-to-date	\$6,500.00

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 Magee Enterprises Inc.	09/15/2014	\$1,000.00
Mailing Address 105 Millcreek Corners		
City, State, Zip Code Brandon, MS 39047-9011		
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. Joe Waggoner	09/15/2014	\$1,000.00
Mailing Address 143A Lefleurs Square		
City, State, Zip Code Jackson, MS 39211-5525		
Name of Employer (Required) Wagoneer Engineering		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,000.00

Name of Candidate or Committee

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Reporting Period

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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. Joe Waggoner	09/15/2014	\$1,000.00
Mailing Address 143A Lefleurs Square		
City, State, Zip Code Jackson, MS 39211-5525		
Name of Employer (Required) Wagoneer Engineering		
Occupation (Required) CEO	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 Waggoner Engineering, Inc.	09/15/2014	\$1,000.00
Mailing Address 1458 Highland Park Drive		
City, State, Zip Code Jackson, MS 39211-5968		
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 Climate Master, Inc.	09/15/2014	\$1,000.00
Mailing Address PO Box 6276		
City, State, Zip Code Pearl, MS 39288-6276		
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 Southern Air Conditioning Supply, Inc.	09/15/2014	\$1,000.00
Mailing Address PO Box 97478		
City, State, Zip Code Pearl, MS 39288-7478		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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. Sidney Allen Jr.	09/18/2014	\$1,000.00
Mailing Address 193 Saint Ives Drive		
City, State, Zip Code Madison, MS 39110-6907		
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 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	09/18/2014	\$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 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	09/09/2014	\$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. Richard M Dye	09/09/2014	\$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

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 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. Benjamin P Thompson	12/16/2014	\$2,000.00
Mailing Address PO Box 16097		
City, State, Zip Code Jackson, MS 39236-6097		
Name of Employer (Required) BPT Strategies, LLC		
Occupation (Required) Government Relations	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 Mr. Phil Abernethy	08/27/2014	\$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 checked="" 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 US Oil And Gas Association PAC	12/16/2014	\$3,000.00
Mailing Address 513 N State Street Suite 202		
City, State, Zip Code Jackson, MS 39201-1110		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
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. Rick J Calhoon	12/16/2014	\$500.00
Mailing Address 217 W Capitol Street		
City, State, Zip Code Jackson, MS 39201-2004		
Name of Employer (Required) Pruett Oil Company		
Occupation (Required) Manager	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 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 <u>Mr. Arthur D Spratlin, Jr.</u>	09/02/2014	\$1,000.00
Mailing Address <u>2480 Sandridge Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6203</u>		
Name of Employer (Required) <u>Butler Snow</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Mr. John England</u>	09/15/2014	\$1,000.00
Mailing Address <u>2034 Petit Bois Street S</u>		
City, State, Zip Code <u>Jackson, MS 39211-6709</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	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 <u>Mr. William James</u>	12/16/2014	\$500.00
Mailing Address <u>217 W Capitol Street Suite 201</u>		
City, State, Zip Code <u>Jackson, MS 39201-2004</u>		
Name of Employer (Required) <u>Pruet Oil</u>		
Occupation (Required) <u>Owner</u>	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 <u>Mr. Thad Varner</u>	08/27/2014	\$1,000.00
Mailing Address <u>2460 Meadowbrook Road</u>		
City, State, Zip Code <u>Jackson, MS 39211-6553</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MISS Life Under PAC</u>	12/16/2014	\$1,000.00
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	\$1,500.00

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 <u>US Oil and Gas Association MS/AL Division</u>	12/16/2014	\$1,000.00
Mailing Address <u>513 N State Street Suite 202</u>		
City, State, Zip Code <u>Jackson, MS 39201-1110</u>		
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 <u>Paul A Hurst</u>	08/25/2014	\$1,000.00
Mailing Address <u>2210 Culleywood Road</u>		
City, State, Zip Code <u>Jackson, MS 39211-5815</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 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 <u>Mr. Lucien L Bourgeois</u>	08/27/2014	\$1,000.00
Mailing Address <u>102 Fenwick Circle</u>		
City, State, Zip Code <u>Madison, MS 39110-7782</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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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	08/22/2014	\$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 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	08/22/2014	\$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 Mayor Philip Fisher	12/17/2014	\$250.00
Mailing Address 301 Jefferson Street		
City, State, Zip Code Clinton, MS 39056-4239		
Name of Employer (Required) City of Clinton		
Occupation (Required) Mayor	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 Meade W Mitchell	08/21/2014	\$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

Name of Candidate or Committee Friends Of Tate Reeves
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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 Amanda Tollison	09/02/2014	\$1,000.00
Mailing Address 114 Pinecrest Drive		
City, State, Zip Code Oxford, MS 38655-2617		
Name of Employer (Required) Butler Snow		
Occupation (Required) Lawyer	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. Don B Cannada	08/20/2014	\$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 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 Cerner Corporation	08/21/2014	\$1,000.00
Mailing Address 2800 Rockcreek Parkway		
City, State, Zip Code Randolph, MO 64117-2521		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Optometry For Progress	09/03/2014	\$2,500.00
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	\$2,500.00

Name of Candidate or Committee

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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 J M Beddingfield	09/09/2014	\$500.00
Mailing Address 1620 Highway 15 N Suite A1		
City, State, Zip Code Laurel, MS 39440-1892		
Name of Employer (Required) Laurel Eye Clinic, P.C.		
Occupation (Required) Optometrist	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 Kent Stribling	08/28/2014	\$250.00
Mailing Address 1054 Airpark Road		
City, State, Zip Code Philadelphia, MS 39350-3368		
Name of Employer (Required) Philadelphia Eye Care		
Occupation (Required) Optometrist	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 Marc A Hautot	08/27/2014	\$500.00
Mailing Address 700 Pine Street		
City, State, Zip Code Picayune, MS 39466-2566		
Name of Employer (Required) Picayune Eye Clinic		
Occupation (Required) Optometrist	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. Glenn M. Cochran	09/02/2014	\$250.00
Mailing Address PO Box 690		
City, State, Zip Code Quitman, MS 39355-0690		
Name of Employer (Required) Vision Care		
Occupation (Required) Optometrist	Aggregate Year-to-date	\$250.00

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 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 Amy A Crigler	09/05/2014	\$250.00
Mailing Address 6 Professional Plaza		
City, State, Zip Code Starkville, MS 39759-1901		
Name of Employer (Required) Family Vision Center		
Occupation (Required) Optometrist	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 Mike Weeden	09/09/2014	\$250.00
Mailing Address 3201 Gaines Road		
City, State, Zip Code Corinth, MS 38834-8422		
Name of Employer (Required) Corinth Eye Clinic		
Occupation (Required) Optometrist	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 Steven T Reed	09/09/2014	\$250.00
Mailing Address PO Box 962		
City, State, Zip Code Magee, MS 39111-0962		
Name of Employer (Required) Self		
Occupation (Required) Optometrist	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. Timothy Parkman	12/17/2014	\$2,500.00
Mailing Address PO Box 2220		
City, State, Zip Code Clinton, MS 39060-2220		
Name of Employer (Required) TPI Insurance		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00

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 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 Mrs. Lila Sessums	12/17/2014	\$2,500.00
Mailing Address 3330 Williamson Road		
City, State, Zip Code Clinton, MS 39056-9472		
Name of Employer (Required) Longview Farms		
Occupation (Required) Equestrian	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 E.Cornell Malone Corporation	12/17/2014	\$2,500.00
Mailing Address 1 Commerce Drive Suite 200		
City, State, Zip Code Hattiesburg, MS 39402-1499		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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 RevClaims	12/17/2014	\$2,500.00
Mailing Address 2510 Lakeland Terrace Suite 100		
City, State, Zip Code Jackson, MS 39216-4717		
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 Mr. Art Favre	12/18/2014	\$5,000.00
Mailing Address PO Box 82285		
City, State, Zip Code Baton Rouge, LA 70884-2285		
Name of Employer (Required) Performance Contractors, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves

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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 Performance Contractors, Inc.	12/18/2014	\$1,000.00
Mailing Address PO Box 83630		
City, State, Zip Code Baton Rouge, LA 70884-3630		
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. Ed Holland	12/18/2014	\$2,500.00
Mailing Address 2992 W Beach Boulevard		
City, State, Zip Code Gulfport, MS 39501-1907		
Name of Employer (Required) Southern Company		
Occupation (Required) executive	Aggregate Year-to-date	\$4,000.00
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. Gifford W Ormes	12/18/2014	\$500.00
Mailing Address 9161 Mulberry Place		
City, State, Zip Code Gulfport, MS 39503-6131		
Name of Employer (Required) Southern Company		
Occupation (Required) executive	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. Ricky Cox	12/18/2014	\$500.00
Mailing Address 21 Colonel Wink Drive		
City, State, Zip Code Gulfport, MS 39507-4252		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Managing Partner	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 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 <u>Mr. Leo Manuel</u>	12/18/2014	\$500.00
Mailing Address <u>2067 Mauvilla Cove</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2433</u>		
Name of Employer (Required) <u>Balch & Bingham</u>		
Occupation (Required) <u>Partner</u>	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 <u>Mr. Stephen Stiglets</u>	12/18/2014	\$500.00
Mailing Address <u>4508 Harrison Avenue</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4027</u>		
Name of Employer (Required) <u>MS Power Company</u>		
Occupation (Required) <u>Government Relations</u>	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 <u>Mr. John W Atherton</u>	12/18/2014	\$500.00
Mailing Address <u>36 Cambridge Avenue</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4213</u>		
Name of Employer (Required) <u>MS Power Co</u>		
Occupation (Required) <u>VP External Affiars</u>	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 <u>Mr. Billy F. Thornton</u>	12/18/2014	\$1,000.00
Mailing Address <u>8 Audubon Pointe</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4604</u>		
Name of Employer (Required) <u>Mississippi Power</u>		
Occupation (Required) <u>Vice President, Legislative & Regulatory Affairs</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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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 Ben Stone	12/18/2014	\$2,000.00
Mailing Address PO Box 130		
City, State, Zip Code Gulfport, MS 39502-0130		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Attorney	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 Mr. Lee Jenkins	12/18/2014	\$5,000.00
Mailing Address 1540 Knollwood Drive		
City, State, Zip Code Baton Rouge, LA 70808-8651		
Name of Employer (Required) Performance Contractors, Inc.		
Occupation (Required) Manager	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. J.R. Carter Sr.	12/18/2014	\$2,500.00
Mailing Address PO Box 1600		
City, State, Zip Code Gulfport, MS 39502-1600		
Name of Employer (Required) Island View Resort		
Occupation (Required) Executive	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 Mr. Terry W. Green	12/18/2014	\$2,500.00
Mailing Address PO Box 2788		
City, State, Zip Code Sugar Land, TX 77487-2788		
Name of Employer (Required) Island View Resort		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,500.00

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 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. Ted Cain	12/18/2014	\$2,500.00
Mailing Address PO Box 3269		
City, State, Zip Code Gulfport, MS 39505-3269		
Name of Employer (Required) Corporate Management		
Occupation (Required) Owner	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 Mr. A.J. Oustalet III	12/18/2014	\$2,500.00
Mailing Address 9274 Highway 49		
City, State, Zip Code Gulfport, MS 39503-4256		
Name of Employer (Required) Butch Oustalet, Inc.		
Occupation (Required) Auto Dealer	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 Mr. John Hairston	12/18/2014	\$2,500.00
Mailing Address 9114 Victoria Circle		
City, State, Zip Code Gulfport, MS 39503-6140		
Name of Employer (Required) Hancock Bank		
Occupation (Required) President	Aggregate Year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee to Elect Brice Wiggins	12/18/2014	\$1,000.00
Mailing Address PO Box 1877		
City, State, Zip Code Pascagoula, MS 39568-1877		
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 <u>Seemann Composites Inc.</u>	12/18/2014	\$1,000.00
Mailing Address <u>PO Box 3449</u>		
City, State, Zip Code <u>Gulfport, MS 39505-3449</u>		
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 <u>Senator Tommy Gollott</u>	12/18/2014	\$1,000.00
Mailing Address <u>235 Bayview Avenue</u>		
City, State, Zip Code <u>Biloxi, MS 39530-2717</u>		
Name of Employer (Required) <u>Transfer & Storage Company</u>		
Occupation (Required) <u>Owner</u>	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 <u>Mr. Roy Anderson III</u>	12/18/2014	\$1,000.00
Mailing Address <u>PO Box 520</u>		
City, State, Zip Code <u>Gulfport, MS 39502-0520</u>		
Name of Employer (Required) <u>Roy Anderson Corp</u>		
Occupation (Required) <u>CEO</u>	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 <u>Mr. John Sneed</u>	12/18/2014	\$1,000.00
Mailing Address <u>141 Bayou Circle</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4623</u>		
Name of Employer (Required) <u>Stewart, Sneed, Hewes Insurance</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves

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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>Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip Moran Campaign Fund	12/18/2014	\$1,000.00
Mailing Address PO Box 6201		
City, State, Zip Code Diamondhead, MS 39525-6003		
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 Hollywood Casino	12/18/2014	\$1,000.00
Mailing Address 711 Hollywood Boulevard		
City, State, Zip Code Bay St Louis, MS 39520-1808		
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. Jeffery B Belk	12/18/2014	\$500.00
Mailing Address 21481 Old River Road		
City, State, Zip Code Vanceleave, MS 39565-8922		
Name of Employer (Required) Chevron		
Occupation (Required) manager	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. Paul T. Benton	12/18/2014	\$500.00
Mailing Address PO Box 1341		
City, State, Zip Code Biloxi, MS 39533-1341		
Name of Employer (Required) Paul Benton Law Office		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

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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. Brittany Blacklidge	12/18/2014	\$500.00
Mailing Address 12251 Bernard Parkway # 200		
City, State, Zip Code Gulfport, MS 39503-5086		
Name of Employer (Required) Blacklidge Emulsions		
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 Mr. Rusty Walker	12/18/2014	\$500.00
Mailing Address 100 45th Street		
City, State, Zip Code Gulfport, MS 39507-4303		
Name of Employer (Required) Gulfport		
Occupation (Required) Councilman	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. Alben Hopkins	12/18/2014	\$500.00
Mailing Address PO Box 1510		
City, State, Zip Code Gulfport, MS 39502-1510		
Name of Employer (Required) Hopkins Barvie & Hopkins		
Occupation (Required) Attorney	Aggregate Year-to-date	\$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 All South Consulting Engineers LLC	12/18/2014	\$500.00
Mailing Address 652 Papworth Avenue		
City, State, Zip Code Metairie, LA 70005-3113		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

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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. Don Halle	12/18/2014	\$500.00
Mailing Address 225 Cowan Road		
City, State, Zip Code Gulfport, MS 39507-1430		
Name of Employer (Required) Self		
Occupation (Required) Realtor	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. B Keith Heard	12/18/2014	\$500.00
Mailing Address 1822 Stinson Creek Road		
City, State, Zip Code Columbus, MS 39705-9352		
Name of Employer (Required) TCH Group, LLC		
Occupation (Required) Partner	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. Jeffrey O'Keefe	12/18/2014	\$500.00
Mailing Address 2338 Beau Chene		
City, State, Zip Code Biloxi, MS 39532-3134		
Name of Employer (Required) Bradford O'Keefe Funeral Home		
Occupation (Required) Funeral 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. Jeremiah O'Keefe	12/18/2014	\$500.00
Mailing Address 510 Beach Boulevard		
City, State, Zip Code Biloxi, MS 39530-4405		
Name of Employer (Required) Bradley O'Keefe Funeral Home		
Occupation (Required) Manager	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. Richard Schenk	12/18/2014	\$500.00
Mailing Address 3812 Chaumont Circle		
City, State, Zip Code Ocean Springs, MS 39564-8539		
Name of Employer (Required) Ingalls		
Occupation (Required) Vice 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 Mr. Brian Cuccias	12/18/2014	\$500.00
Mailing Address 2858 Briarfield Lane		
City, State, Zip Code Mobile, AL 36693-4068		
Name of Employer (Required) Ingalls		
Occupation (Required) Vice 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 Mr. John Dane III	12/18/2014	\$500.00
Mailing Address 11638 Bluff Lane		
City, State, Zip Code Gulfport, MS 39503-6151		
Name of Employer (Required) Trinity Yachts		
Occupation (Required) CEO	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 Randy Brownlee Construction	12/18/2014	\$500.00
Mailing Address 13829 John Clark Road		
City, State, Zip Code Gulfport, MS 39503-8664		
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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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 <u>Mr. Frank Genzer Jr.</u>	12/18/2014	\$500.00
Mailing Address <u>145 Saint Jude Street</u>		
City, State, Zip Code <u>Biloxi, MS 39530-3602</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Architect</u>	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 <u>Global Enterprises, Inc.</u>	12/18/2014	\$500.00
Mailing Address <u>PO Box 207</u>		
City, State, Zip Code <u>Gulfport, MS 39502-0207</u>		
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 <u>Mr. Gregory Fairey</u>	12/18/2014	\$500.00
Mailing Address <u>PO Box 1842</u>		
City, State, Zip Code <u>Gulfport, MS 39502-1842</u>		
Name of Employer (Required) <u>Nicholson & Company</u>		
Occupation (Required) <u>Managing Partner/CPA</u>	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 <u>Mr. Don E Mason</u>	12/18/2014	\$500.00
Mailing Address <u>5 Colonel Wink Drive</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4252</u>		
Name of Employer (Required) <u>Hancock Bank</u>		
Occupation (Required) <u>Director</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves

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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 Professional Solutions Co.	12/18/2014	\$250.00
Mailing Address 146 A Bldg. 1103		
City, State, Zip Code Stennis Space Center, MS 39529-0001		
Name of Employer (Required)		
Occupation (Required)	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. Randall Doyle	12/18/2014	\$250.00
Mailing Address 6505 Shore Drive		
City, State, Zip Code Ocean Springs, MS 39564-2521		
Name of Employer (Required) Blossman		
Occupation (Required) CFO	Aggregate Year-to-date	\$250.00
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 Help For Mom LLC	12/18/2014	\$250.00
Mailing Address 600 E Pass Road Suite B		
City, State, Zip Code Gulfport, MS 39507-3301		
Name of Employer (Required)		
Occupation (Required)	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 Dr. Christopher B Wiggins M.D.	12/18/2014	\$250.00
Mailing Address 3117 Beach Boulevard		
City, State, Zip Code Pascagoula, MS 39567-7502		
Name of Employer (Required) Bienville Orthopaedic		
Occupation (Required) Surgeon	Aggregate Year-to-date	\$750.00

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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 Roianne N. Gutierrez	12/18/2014	\$250.00
Mailing Address 9460 Oak Pointe Drive		
City, State, Zip Code Gulfport, MS 39503-6123		
Name of Employer (Required) Newman Lumber		
Occupation (Required) Co-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 Sherwood R. Bailey Jr.	12/18/2014	\$250.00
Mailing Address PO Box 6039		
City, State, Zip Code Gulfport, MS 39506-6039		
Name of Employer (Required) Bailey Lumber and Home Center		
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 Mr. Robert Knesal	12/18/2014	\$250.00
Mailing Address 111 Lundgren Lane		
City, State, Zip Code Gulfport, MS 39507-4421		
Name of Employer (Required) Right Down Town Properties		
Occupation (Required) Member	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. Frank Phillips	12/18/2014	\$250.00
Mailing Address PO Box 819		
City, State, Zip Code Gulfport, MS 39502-0819		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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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. David J Hardy	12/18/2014	\$500.00
Mailing Address 481 Jordan Drive		
City, State, Zip Code Biloxi, MS 39531-2312		
Name of Employer (Required) Eley Guild Hardy Architects PA		
Occupation (Required) Architect	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. Ron Peresich	12/18/2014	\$500.00
Mailing Address PO Box 289		
City, State, Zip Code Biloxi, MS 39533-0289		
Name of Employer (Required) Page, Mannino, Peresich, and McDermott		
Occupation (Required) Attorney	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 Dr. Alfred McNair	12/18/2014	\$500.00
Mailing Address 3890 Bienville Boulevard		
City, State, Zip Code Ocean Springs, MS 39564-5803		
Name of Employer (Required) Digestive Health Center PA		
Occupation (Required) Physician	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. Victor Walsh	12/18/2014	\$250.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3939		
Name of Employer (Required) Millette Administrators		
Occupation (Required) TPA	Aggregate Year-to-date	\$1,250.00

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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 Jesse Adcock	12/09/2014	\$250.00
Mailing Address 54 Canebrake Boulevard		
City, State, Zip Code Hattiesburg, MS 39402-8709		
Name of Employer (Required) Adcock Realty Team		
Occupation (Required) Manager	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. Derek Arrington	12/08/2014	\$250.00
Mailing Address 14 Amen Corner		
City, State, Zip Code Hattiesburg, MS 39401-6622		
Name of Employer (Required) Jackson, Bowman, Blumentritt & Arrington, PLLC		
Occupation (Required) Attorney	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. David Bowles	12/08/2014	\$250.00
Mailing Address 329 Pitts Road		
City, State, Zip Code Hattiesburg, MS 39402-9338		
Name of Employer (Required) Forest Lamar County Forestry Association		
Occupation (Required) Director	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 Giulia Saucier	12/08/2014	\$250.00
Mailing Address 41 Saucier Road		
City, State, Zip Code Hattiesburg, MS 39402-9138		
Name of Employer (Required) Hill House		
Occupation (Required) Owner/Author	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 <u>Mr. Fred McMurry</u>	12/08/2014	\$250.00
Mailing Address <u>PO Box 447</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-0447</u>		
Name of Employer (Required) <u>Havard Pest Control</u>		
Occupation (Required) <u>Principal</u>	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 <u>Mrs. Katherine M. Driskell</u>	12/08/2014	\$1,000.00
Mailing Address <u>PO Box 16784</u>		
City, State, Zip Code <u>Hattiesburg, MS 39404-6784</u>		
Name of Employer (Required) <u>Harvard Pest Control, Inc.</u>		
Occupation (Required) <u>Owner</u>	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 <u>Mack Grubbs</u>	11/27/2014	\$1,000.00
Mailing Address <u>1494 Highway 98 E</u>		
City, State, Zip Code <u>Columbia, MS 39429-8103</u>		
Name of Employer (Required) <u>Mack Grubbs Ford, Inc.</u>		
Occupation (Required) <u>Owner</u>	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 <u>Mr. David Burckel</u>	12/09/2014	\$1,000.00
Mailing Address <u>67 Dover Trace</u>		
City, State, Zip Code <u>Hattiesburg, MS 39401-2902</u>		
Name of Employer (Required) <u>Southern Bone and Joint</u>		
Occupation (Required) <u>CEO</u>	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 <u>Ms. Sherri T. Weathers</u>	<u>12/09/2014</u>	<u>\$250.00</u>
Mailing Address <u>51 Belletower Turn</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-7523</u>		
Name of Employer (Required) <u>Forest Laboratories</u>		
Occupation (Required) <u>Senior Medical Sales Representative</u>	Aggregate Year-to-date	<u>\$250.00</u>

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 <u>Mr. Victor Roberts</u>	<u>12/09/2014</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 608</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-0608</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$250.00</u>

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 <u>Dr. Fred Drews</u>	<u>12/09/2014</u>	<u>\$1,000.00</u>
Mailing Address <u>2609 Mimosa Lane</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-2559</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Dentist</u>	Aggregate Year-to-date	<u>\$1,000.00</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>Mississippi Asphalt Pavement Association</u>	<u>11/25/2014</u>	<u>\$10,000.00</u>
Mailing Address <u>711 N President Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-3002</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$10,000.00</u>

Name of Candidate or Committee

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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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name APAC Mississippi PAC	11/25/2014	\$5,000.00
Mailing Address PO Box 24508		
City, State, Zip Code Jackson, MS 39225-4508		
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 Mr. Richard Webster	11/25/2014	\$5,000.00
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	\$5,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LP	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tanner Farms	11/25/2014	\$5,000.00
Mailing Address PO Box 460		
City, State, Zip Code Ellisville, MS 39437-0460		
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 Mrs. Kay H Atwood-Van Skiver	11/25/2014	\$2,500.00
Mailing Address PO Box 565		
City, State, Zip Code Kosciusko, MS 39090-0565		
Name of Employer (Required) Atwood Fence Co.		
Occupation (Required) Hwy Contractor	Aggregate Year-to-date	\$3,000.00

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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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lester O. Williams Investments, LP	11/25/2014	\$2,500.00
Mailing Address PO Box 1008		
City, State, Zip Code Brookhaven, MS 39602-1008		
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 Mr. Joe Lauderdale	11/25/2014	\$2,500.00
Mailing Address PO Box 3770		
City, State, Zip Code Jackson, MS 39207-3770		
Name of Employer (Required) Sunbelt Sealing, Inc.		
Occupation (Required) Engineer/Contractor	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 Ausbern Construction Co. Inc	11/25/2014	\$1,000.00
Mailing Address PO Box 329		
City, State, Zip Code Okolona, MS 38860-0329		
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. Cecil Estess	11/25/2014	\$1,000.00
Mailing Address 1533 New Sight Drive NE		
City, State, Zip Code Brookhaven, MS 39601-8643		
Name of Employer (Required) Dickerson and Bowen Inc.		
Occupation (Required) Secretary and Treasurer	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 Dunn Roadbuilders LLC	11/25/2014	\$1,000.00
Mailing Address PO Box 6560		
City, State, Zip Code Laurel, MS 39441-6560		
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. Joe McGee	11/25/2014	\$1,000.00
Mailing Address 467 Old Sawmill Road		
City, State, Zip Code Lake, MS 39092-9092		
Name of Employer (Required) Joe McGee Construction		
Occupation (Required) Owner	Aggregate Year-to-date	\$6,000.00

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 Lehman-Roberts Company	11/25/2014	\$1,000.00
Mailing Address PO Box 1603		
City, State, Zip Code Memphis, TN 38101-1603		
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 Lyle Machinery	11/25/2014	\$1,000.00
Mailing Address PO Box 23087		
City, State, Zip Code Jackson, MS 39225-3087		
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 Bayou Concrete, LLC	11/25/2014	\$1,000.00
Mailing Address PO Box 3868		
City, State, Zip Code Gulfport, MS 39505-3868		
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 Dunn Investment Company	11/25/2014	\$1,000.00
Mailing Address PO Box 247		
City, State, Zip Code Birmingham, AL 35201-0247		
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 Neel-Schaffer	11/25/2014	\$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 Riverside Traffic Systems, Inc.	11/25/2014	\$1,000.00
Mailing Address 1283 State Highway 178 W		
City, State, Zip Code New Albany, MS 38652-8905		
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 Ms. Jennifere M. Simmons	11/25/2014	\$1,000.00
Mailing Address P.O. Pox 206		
City, State, Zip Code Lake, MS 39092		
Name of Employer (Required) Simmons Erosion Control, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$5,000.00
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 Blain Sand & Gravel, Inc.	11/25/2014	\$1,000.00
Mailing Address PO Box 1208		
City, State, Zip Code Mount Olive, MS 39119-1208		
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 Delta Industries, Inc.	11/25/2014	\$1,000.00
Mailing Address PO Box 1292		
City, State, Zip Code Jackson, MS 39215-1292		
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>P.A.</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Watson & Jones P.A.	11/25/2014	\$1,000.00
Mailing Address PO Box 23546		
City, State, Zip Code Jackson, MS 39225-3546		
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 Talbot Brothers Grading Co Inc.	11/25/2014	\$1,000.00
Mailing Address PO Box 364		
City, State, Zip Code Nesbit, MS 38651-0364		
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 Talbot Brothers Contracting Co Inc.	11/25/2014	\$1,000.00
Mailing Address PO Box 364		
City, State, Zip Code Nesbit, MS 38651-0364		
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 Eutaw Construction Company, Inc.	11/25/2014	\$1,000.00
Mailing Address PO Box 36		
City, State, Zip Code Aberdeen, MS 39730-0036		
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 S. Elmore	11/25/2014	\$1,500.00
Mailing Address PO Box 36		
City, State, Zip Code Aberdeen, MS 39730-0036		
Name of Employer (Required) Eutaw Construction		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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. James D. Lyle	11/25/2014	\$1,500.00
Mailing Address PO Box 23087		
City, State, Zip Code Jackson, MS 39225-3087		
Name of Employer (Required) Lyle Machinery		
Occupation (Required) Executive	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 Daniel A. Lyle	11/25/2014	\$1,500.00
Mailing Address 122 Summer Lake Drive		
City, State, Zip Code Ridgeland, MS 39157-8630		
Name of Employer (Required) Lyle Machinery		
Occupation (Required) Executive Vice President	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. John Lyle Jr.	11/25/2014	\$1,500.00
Mailing Address 239 Rolling Meadows Road		
City, State, Zip Code Ridgeland, MS 39157-9425		
Name of Employer (Required) Lyle Machinery		
Occupation (Required) President	Aggregate Year-to-date	\$1,500.00

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 Hammett Gravel Company, Inc.	11/25/2014	\$500.00
Mailing Address PO Box 209		
City, State, Zip Code Lexington, MS 39095-0209		
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 <u>MMC Materials, Inc.</u>	11/25/2014	\$500.00
Mailing Address <u>PO Box 2569</u>		
City, State, Zip Code <u>Madison, MS 39130-2569</u>		
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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Talbot & Talbot LLC</u>	11/25/2014	\$500.00
Mailing Address <u>PO Box 364</u>		
City, State, Zip Code <u>Nesbit, MS 38651-0364</u>		
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 <u>Mr. William E Stone</u>	11/25/2014	\$5,000.00
Mailing Address <u>PO Box 550</u>		
City, State, Zip Code <u>Booneville, MS 38829-0550</u>		
Name of Employer (Required) <u>Kimes and Stone Construction</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$5,000.00

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 <u>Deviney Construction Company, Inc.</u>	11/25/2014	\$1,000.00
Mailing Address <u>PO Box 6717</u>		
City, State, Zip Code <u>Jackson, MS 39282-6717</u>		
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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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. Ronald Andrews	11/06/2014	\$250.00
Mailing Address PO Box 59		
City, State, Zip Code Vicksburg, MS 39181-0059		
Name of Employer (Required) Vicksburg Insurance Agency		
Occupation (Required) President	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 James Blackburn Jr.	11/06/2014	\$250.00
Mailing Address 22 Lakewood Cove		
City, State, Zip Code Vicksburg, MS 39180-5320		
Name of Employer (Required) Blackburn Motors		
Occupation (Required) General Manager	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 Hunter L Fordice	11/06/2014	\$500.00
Mailing Address PO Box 1101		
City, State, Zip Code Vicksburg, MS 39181-1101		
Name of Employer (Required) Fordice Construction		
Occupation (Required) 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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bancorpsouth Bank PAC	08/20/2014	\$7,500.00
Mailing Address PO Box 789		
City, State, Zip Code Tupelo, MS 38802-0789		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,500.00

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 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 <u>Joel Bomgaars</u>	09/04/2014	\$1,000.00
Mailing Address <u>357 Kiowa Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-8814</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Businessman</u>	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 <u>AstraZeneca</u>	09/09/2014	\$1,000.00
Mailing Address <u>4274 Raleigh Way</u>		
City, State, Zip Code <u>Tallahassee, FL 32311-3336</u>		
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 <u>John Brasher</u>	08/23/2014	\$1,000.00
Mailing Address <u>145 Brasher Road</u>		
City, State, Zip Code <u>Batesville, MS 38606-9179</u>		
Name of Employer (Required) <u>Treasurer Loans of Batesville</u>		
Occupation (Required) <u>President</u>	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 <u>Ackerman Finance Inc.</u>	08/21/2014	\$500.00
Mailing Address <u>PO Box 915</u>		
City, State, Zip Code <u>Ackerman, MS 39735-0915</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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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 Lotsolutions, Inc.	08/26/2014	\$1,000.00
Mailing Address PO Box 44130		
City, State, Zip Code Jacksonville, FL 32231-4130		
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 Pioneer Credit Company	09/08/2014	\$500.00
Mailing Address PO Box 1055		
City, State, Zip Code Cleveland, TN 37364-1055		
Name of Employer (Required)		
Occupation (Required)	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 World Acceptance Corporation	08/19/2014	\$1,000.00
Mailing Address PO Box 6429		
City, State, Zip Code Greenville, SC 29606-6429		
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 Atco Company, Inc.	09/09/2014	\$500.00
Mailing Address PO Box 500		
City, State, Zip Code Carthage, MS 39051-0500		
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 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 Norman Tyner	08/13/2014	\$250.00
Mailing Address 23 Lake Michael Lane		
City, State, Zip Code Poplarville, MS 39470-6472		
Name of Employer (Required) Poplarville Financial Services		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00

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 Fidelity National Loans	09/02/2014	\$1,000.00
Mailing Address PO Box 490		
City, State, Zip Code Holly Springs, MS 38635-0490		
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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sebastopol Finance, LLC	09/02/2014	\$1,000.00
Mailing Address PO Box 332		
City, State, Zip Code Sebastopol, MS 39359-0332		
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 Third Union Finance, Inc.	09/10/2014	\$1,000.00
Mailing Address PO Box 400		
City, State, Zip Code Olive Branch, MS 38654-0400		
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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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 1st Franklin Financial	09/09/2014	\$1,000.00
Mailing Address PO Box 880		
City, State, Zip Code Toccoa, GA 30577-0880		
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 Ben Cheek	09/09/2014	\$4,000.00
Mailing Address 1855 Orchard Drive		
City, State, Zip Code Clarksville, GA 30523-1345		
Name of Employer (Required) First Financial Corporation		
Occupation (Required) Chairman	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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tower Loan of Mississippi LLC	09/08/2014	\$10,000.00
Mailing Address PO Box 320001		
City, State, Zip Code Flowood, MS 39232-0001		
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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pruet Oil Company LLC	09/11/2014	\$2,500.00
Mailing Address 217 W Capitol Street Suite 201		
City, State, Zip Code Jackson, MS 39201-2004		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves

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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 Tenrgys, LLC	09/15/2014	\$12,500.00
Mailing Address 602 Crescent Place Suite 100		
City, State, Zip Code Ridgeland, MS 39157-8676		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$12,500.00
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 Denbury Resources, Inc.	09/21/2014	\$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
Source: <input type="checkbox"/> Corporation <input checked="" 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 Atmos Energy Corporation PAC	09/08/2014	\$5,000.00
Mailing Address 790 Liberty Road		
City, State, Zip Code Flowood, MS 39232-9321		
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 checked="" type="checkbox"/> Other (please specify) <u>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Plains Marketing, L.P.	09/04/2014	\$1,000.00
Mailing Address PO Box 4648		
City, State, Zip Code Houston, TX 77210-4648		
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 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 Cornerstone Government Affairs, LLC	09/12/2014	\$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 type="checkbox"/> Corporation <input checked="" 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 Ergon State PAC	09/09/2014	\$5,000.00
Mailing Address PO Box 1639		
City, State, Zip Code Jackson, MS 39215-1639		
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 checked="" type="checkbox"/> Other (please specify) <u>PC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason B. Dees, P.C.	09/15/2014	\$1,000.00
Mailing Address 620 W Longview Drive		
City, State, Zip Code New Albany, MS 38652-2415		
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 Aaron Sisk	09/12/2014	\$250.00
Mailing Address 137 Mason Way		
City, State, Zip Code Madison, MS 39110-6817		
Name of Employer (Required) Magnolia Health Plan		
Occupation (Required) VP, Health Plan Operations	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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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 David Willard	09/12/2014	\$250.00
Mailing Address 125 Eastpointe Circle		
City, State, Zip Code Madison, MS 39110-7850		
Name of Employer (Required) Magnolia Health Plan		
Occupation (Required) VP Contracting & Network Development	Aggregate Year-to-date	\$250.00
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 Lorillard Tobacco Company	10/08/2014	\$1,000.00
Mailing Address 714 Green Valley Road		
City, State, Zip Code Greensboro, NC 27408-7018		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Property Casualty Insurers Association of America PAC	10/22/2014	\$1,000.00
Mailing Address 2600 S River Road		
City, State, Zip Code Des Plaines, IL 60018-3203		
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 Express Scripts, Inc.	10/16/2014	\$1,000.00
Mailing Address 1 Express Way		
City, State, Zip Code Saint Louis, MO 63121-1824		
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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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 Verizon	10/07/2014	\$1,000.00
Mailing Address PO Box 2200		
City, State, Zip Code Folsom, CA 95763-2200		
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. Stanley Lautar	10/25/2014	\$1,000.00
Mailing Address 9037 Terrene Lane		
City, State, Zip Code Germantown, TN 38139-1101		
Name of Employer (Required) Omni Bag Inc		
Occupation (Required) President	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Association of Builders & Contractors PAC	11/17/2014	\$2,000.00
Mailing Address PO Box 16522		
City, State, Zip Code Jackson, MS 39236-6522		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wal-Mart Stores, Inc. PAC for Responsible Government	09/30/2014	\$1,000.00
Mailing Address 702 SW 8th Street		
City, State, Zip Code Bentonville, AR 72716-6209		
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 3M	10/17/2014	\$500.00
Mailing Address 3M Center Bldg. 216-02-N-07		
City, State, Zip Code Saint Paul, MN 55144-1001		
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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denmiss L.L.C.	11/06/2014	\$1,000.00
Mailing Address PO Box 320579		
City, State, Zip Code Flowood, MS 39232-0579		
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 1-800-Contacts, Inc.	10/14/2014	\$1,000.00
Mailing Address 66 E Wadsworth Park Drive		
City, State, Zip Code Draper, UT 84020-7942		
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. Joe F. Sanderson Jr.	12/10/2014	\$5,000.00
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

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Grande Oak Apartments, LP	12/10/2014	\$1,042.00
Mailing Address PO Box 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,042.00
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradley Apartments, LP	10/23/2014	\$1,041.00
Mailing Address PO Box 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,041.00
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reed Place Phase II LP	10/23/2014	\$521.00
Mailing Address PO Box 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$521.00
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reed Place Phase I LP	10/23/2014	\$521.00
Mailing Address PO Box 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$521.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bayou Village Apartments, LP	10/23/2014	\$1,041.00
Mailing Address PO Box 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,041.00
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Franklin Point Apartments LP	10/23/2014	\$1,042.00
Mailing Address PO Box 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,042.00
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Colonnades LP	10/23/2014	\$1,042.00
Mailing Address PO Box 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,042.00
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 Jason Dees	09/12/2014	\$250.00
Mailing Address 125 Eastpointe Circle		
City, State, Zip Code Madison, MS 39110-7850		
Name of Employer (Required) Magnolia Health Plan		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period

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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 Centene Corporation PAC	08/06/2014	\$10,000.00
Mailing Address 7700 Forsyth Boulevard		
City, State, Zip Code Saint Louis, MO 63105-1807		
Name of Employer (Required)		
Occupation (Required)	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 Huntington Ingalls Industries	08/18/2014	\$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 Dr. Wilburn Lord Jr.	08/25/2014	\$1,000.00
Mailing Address 64 S Fourth Street		
City, State, Zip Code Rolling Fork, MS 39159-5147		
Name of Employer (Required) Self		
Occupation (Required) Optometrist	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)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name KCS Rail PAC	07/14/2014	\$1,000.00
Mailing Address PO Box 219335		
City, State, Zip Code Kansas City, MO 64121-9335		
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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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 Gulf States Toyota, Inc.	08/21/2014	\$1,000.00
Mailing Address 1375 Enclave Parkway		
City, State, Zip Code Houston, TX 77077-2026		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Primary Health Care Association, Inc. PAC	08/21/2014	\$1,000.00
Mailing Address 6400 Lakeover Road Suite A		
City, State, Zip Code Jackson, MS 39213-8020		
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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name School Book Supply Company of Mississippi, LLC	08/21/2014	\$1,000.00
Mailing Address PO Box 1059		
City, State, Zip Code Jackson, MS 39215-1059		
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 Corrections Corporation of America	08/15/2014	\$500.00
Mailing Address 10 Burton Hills Boulevard		
City, State, Zip Code Nashville, TN 37215-6105		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2014

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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. Chip Crane	10/09/2014	\$5,000.00
Mailing Address PO Box 428		
City, State, Zip Code Fulton, MS 38843-0428		
Name of Employer (Required) F L Crane and Sons		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00

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 Parkwood BHS	08/28/2014	\$250.00
Mailing Address 8135 Goodman Road		
City, State, Zip Code Olive Branch, MS 38654-2103		
Name of Employer (Required)		
Occupation (Required)	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. Johnny L. Crane Sr.	10/09/2014	\$5,000.00
Mailing Address 116 Francis Drive		
City, State, Zip Code Fulton, MS 38843-8434		
Name of Employer (Required) F.L. Crane and Sons Construction		
Occupation (Required) Contractor	Aggregate Year-to-date	\$6,000.00

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 The Heidelberg Group, Inc.	08/28/2014	\$1,000.00
Mailing Address 685 Woodland Drive		
City, State, Zip Code Yazoo City, MS 39194-9710		
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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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 <u>Reliance Transportation, Inc.</u>	09/15/2014	\$1,000.00
Mailing Address <u>108 S Front Street</u>		
City, State, Zip Code <u>Winona, MS 38967-2544</u>		
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 <u>Mr. John Lee Jr.</u>	09/15/2014	\$5,000.00
Mailing Address <u>PO Box 1470</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-1470</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$5,000.00

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 <u>Hancock Bank</u>	10/09/2014	\$1,000.00
Mailing Address <u>PO Box 4019</u>		
City, State, Zip Code <u>Gulfport, MS 39502-4019</u>		
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 <u>Mr. Glenn McCullough Jr.</u>	09/15/2014	\$1,000.00
Mailing Address <u>245 Road 183</u>		
City, State, Zip Code <u>Tupelo, MS 38804-9711</u>		
Name of Employer (Required) <u>GLM Associates, LLC</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$1,000.00

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 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 Hairston	10/31/2014	\$1,000.00
Mailing Address 9114 Victoria Circle		
City, State, Zip Code Gulfport, MS 39503-6140		
Name of Employer (Required) Hancock Bank		
Occupation (Required) President	Aggregate Year-to-date	\$3,500.00
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 The Honorable Joey Fillingane	09/17/2014	\$1,000.00
Mailing Address 8 Westbrook Drive		
City, State, Zip Code Sumrall, MS 39482-7903		
Name of Employer (Required) Fillingane Law Firm		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Good Government PAC	11/03/2014	\$2,500.00
Mailing Address PO Box 4019		
City, State, Zip Code Gulfport, MS 39502-4019		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,500.00
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 Polk's	09/15/2014	\$1,000.00
Mailing Address PO Box 1190		
City, State, Zip Code Magee, MS 39111-1190		
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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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 Senator John Polk	09/15/2014	\$1,000.00
Mailing Address 53 Tidewater Road		
City, State, Zip Code Hattiesburg, MS 39402-9778		
Name of Employer (Required) Polk's Meat		
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 Mr. Richard Webster	09/23/2014	\$500.00
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	\$5,500.00

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 Hollis Cheek	09/22/2014	\$500.00
Mailing Address 490 S Huntington Street		
City, State, Zip Code Kosciusko, MS 39090-4014		
Name of Employer (Required) Cheek Companies		
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 James Fly	09/25/2014	\$500.00
Mailing Address PO Box 13369		
City, State, Zip Code Jackson, MS 39236-3369		
Name of Employer (Required) Mississippi Retina Associates		
Occupation (Required) Physician	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 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. James L. Barksdale	09/25/2014	\$20,000.00
Mailing Address 111 Green Drive		
City, State, Zip Code Jackson, MS 39211-6457		
Name of Employer (Required) Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$20,000.00
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. Arthur Fokakis	09/25/2014	\$500.00
Mailing Address 120 Wildwood Trace		
City, State, Zip Code Hattiesburg, MS 39402-2350		
Name of Employer (Required) Asthma and Allergy Clinic of Hattiesburg, PLLC		
Occupation (Required) Physician	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. Jeffrey Wagner	09/16/2014	\$500.00
Mailing Address 1702 N State Street		
City, State, Zip Code Jackson, MS 39202-1143		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	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. Wade Creekmore Jr.	09/16/2014	\$2,500.00
Mailing Address 1018 Highland Parkway Suite 500		
City, State, Zip Code Ridgeland, MS 39157-2089		
Name of Employer (Required) C Spire		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2014

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12/31/2014

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 James H Creekmore	09/16/2014	\$2,500.00
Mailing Address 7 Cypress Lane		
City, State, Zip Code Jackson, MS 39211-5935		
Name of Employer (Required) Telepak Networks		
Occupation (Required) Owner	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 Hu Meena	09/18/2014	\$2,500.00
Mailing Address 4764 E Massena Drive		
City, State, Zip Code Jackson, MS 39211-4930		
Name of Employer (Required) CSpire		
Occupation (Required) executive	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 Mr. Wesley Goings III	09/08/2014	\$2,500.00
Mailing Address 101 Kirkwood Court		
City, State, Zip Code Jackson, MS 39211-6062		
Name of Employer (Required) CSpire		
Occupation (Required) executive	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 Omega Protein	09/09/2014	\$1,000.00
Mailing Address 2105 Citywest Boulevard Suite 500		
City, State, Zip Code Houston, TX 77042-2838		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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12/31/2014

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. John Lundy	09/15/2014	\$1,000.00
Mailing Address 458 Greenwood Lane		
City, State, Zip Code Ridgeland, MS 39157-4000		
Name of Employer (Required) Capitol Resources		
Occupation (Required) Lobbyist	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 Mrs. Clare Hester	09/15/2014	\$2,500.00
Mailing Address 575 Johnstone Drive		
City, State, Zip Code Madison, MS 39110-7585		
Name of Employer (Required) Capitol Resources		
Occupation (Required) Partner	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 Dr. Paul Welch	09/15/2014	\$250.00
Mailing Address 128 Hickory Glen		
City, State, Zip Code Madison, MS 39110-7605		
Name of Employer (Required) Children's Medical Group		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
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 Sunbelt Sealing, Inc.	09/12/2014	\$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

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2014

through 12/31/2014

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 Ms. Lesly G Murray	09/15/2014	\$500.00
Mailing Address 120 Herons Landing		
City, State, Zip Code Ridgeland, MS 39157-8687		
Name of Employer (Required) Butler Snow		
Occupation (Required) Lawyer	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. Johnny Morgan	09/15/2014	\$1,000.00
Mailing Address PO Box 309		
City, State, Zip Code Oxford, MS 38655-0309		
Name of Employer (Required) Morgan White Group		
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 John Corlew	09/15/2014	\$1,000.00
Mailing Address 2124 Eastover Drive		
City, State, Zip Code Jackson, MS 39211-6719		
Name of Employer (Required) ALCIBIADES, LLC		
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 Harry Morgan	09/15/2014	\$1,000.00
Mailing Address 143 Cambrooke		
City, State, Zip Code Hattiesburg, MS 39402-7771		
Name of Employer (Required) T.L. Wallace Construction		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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>MS Legislative & Consulting Group, LLC</u>	09/09/2014	\$1,000.00
Mailing Address <u>1037 Lake Village Circle Suite A</u>		
City, State, Zip Code <u>Brandon, MS 39047-6725</u>		
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>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Watkins & Eager PLLC</u>	09/09/2014	\$5,000.00
Mailing Address <u>PO Box 650</u>		
City, State, Zip Code <u>Jackson, MS 39205-0650</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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 <u>Wray Enterprises, Inc.</u>	09/15/2014	\$250.00
Mailing Address <u>200 Grants Ferry Road Suite E</u>		
City, State, Zip Code <u>Brandon, MS 39047-9048</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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 <u>Pearson Plaza Shopping Center, Inc.</u>	09/15/2014	\$500.00
Mailing Address <u>PO Box 5977</u>		
City, State, Zip Code <u>Pearl, MS 39288-5977</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 <u>Pathway Management Inc.</u>	09/10/2014	\$1,000.00
Mailing Address <u>763 Avery Boulevard N</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-5218</u>		
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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Regional Care LLC</u>	09/10/2014	\$1,000.00
Mailing Address <u>763 Avery Boulevard N</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-5218</u>		
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 <u>Mississippi Constables Association, Inc</u>	09/16/2014	\$1,000.00
Mailing Address <u>197 Still Drive</u>		
City, State, Zip Code <u>Vicksburg, MS 39180-8932</u>		
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 <u>Tony McDaniel</u>	09/22/2014	\$250.00
Mailing Address <u>2811 Old Wire Road</u>		
City, State, Zip Code <u>Meridian, MS 39301-8328</u>		
Name of Employer (Required) <u>McDaniel Farm</u>		
Occupation (Required) <u>Self</u>	Aggregate Year-to-date	\$250.00

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 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 Ms. Beth Clay	09/23/2014	\$1,000.00
Mailing Address 625 N State Street Suite 201		
City, State, Zip Code Jackson, MS 39202-3304		
Name of Employer (Required) The Clay Firm		
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 Chris Crowe	09/18/2014	\$1,000.00
Mailing Address PO Box 5007		
City, State, Zip Code Meridian, MS 39302-5007		
Name of Employer (Required) Magnolia Steel Co. Inc.		
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 Mr. Tommy Dulaney	09/23/2014	\$2,000.00
Mailing Address 1109 Country Club Place		
City, State, Zip Code Meridian, MS 39305		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$7,000.00

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. Tommy Dulaney	09/23/2014	\$5,000.00
Mailing Address 1109 Country Club Place		
City, State, Zip Code Meridian, MS 39305		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$7,000.00

Name of Candidate or Committee

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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. E. Bruce Martin	09/23/2014	\$5,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Meridian, MS 39302-1729		
Name of Employer (Required) Rosenbaum Insurance		
Occupation (Required) Insurance	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 John O Johnson III	09/23/2014	\$5,000.00
Mailing Address 965 John C Stennis Drive		
City, State, Zip Code Meridian, MS 39305-9159		
Name of Employer (Required) Johnson Toyota		
Occupation (Required) owner	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. Jimmy Alexander	09/22/2014	\$5,000.00
Mailing Address PO Box 1265		
City, State, Zip Code Meridian, MS 39302-1265		
Name of Employer (Required) A & B Electric		
Occupation (Required) Owner	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 Ernest M Gipson	09/22/2014	\$1,000.00
Mailing Address 7591 Lake Cove Drive		
City, State, Zip Code Meridian, MS 39305-9423		
Name of Employer (Required) Gipson Steel		
Occupation (Required) owner	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 Wilmer Whittle	09/23/2014	\$1,000.00
Mailing Address PO Box 120		
City, State, Zip Code Newton, MS 39345-0120		
Name of Employer (Required) Newton Co Bank		
Occupation (Required) Chairman of the Board	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 Cathy Reeves	09/23/2014	\$1,000.00
Mailing Address 2531 Riverbirk Drive		
City, State, Zip Code Meridian, MS 39307-7256		
Name of Employer (Required) Soap Opera Laundry		
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 J.F. Thompson	09/23/2014	\$1,000.00
Mailing Address PO Box 5613		
City, State, Zip Code Meridian, MS 39302-5613		
Name of Employer (Required) Insurance Solutions		
Occupation (Required) 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 Jonathan Bell	09/23/2014	\$2,500.00
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	\$2,500.00

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 Robert Luke	09/23/2014	\$5,000.00
Mailing Address 1862 Hunters Run		
City, State, Zip Code Meridian, MS 39305-9335		
Name of Employer (Required) LPK Architects		
Occupation (Required) Principal	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. Clay Holladay	09/23/2014	\$5,000.00
Mailing Address 304 Timber Ridge Road		
City, State, Zip Code Meridian, MS 39305-1449		
Name of Employer (Required) WMLV Radio		
Occupation (Required) Owner	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. Marty Davidson	09/23/2014	\$5,000.00
Mailing Address PO Box 3804		
City, State, Zip Code Meridian, MS 39303-3804		
Name of Employer (Required) Southern Pipe		
Occupation (Required) Owner	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 checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cotton Press Warehouse, LLC	09/23/2014	\$500.00
Mailing Address PO Box 3425		
City, State, Zip Code Meridian, MS 39303-3425		
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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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 D & H Construction & Cabinetry, Inc.	09/23/2014	\$500.00
Mailing Address 8589 A C Brown Road		
City, State, Zip Code Meridian, MS 39305-9273		
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. Wallace Strickland	09/23/2014	\$1,000.00
Mailing Address 8219 Sycamore Creek Drive		
City, State, Zip Code Meridian, MS 39305-9406		
Name of Employer (Required) Rush Hospital 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 Mr. Rick Barry	09/23/2014	\$1,000.00
Mailing Address 5022 5th Place		
City, State, Zip Code Meridian, MS 39305-1919		
Name of Employer (Required) Bordeaux and Jones		
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 Ralph Morgan	09/23/2014	\$1,000.00
Mailing Address 3714 Lauderdale Road		
City, State, Zip Code Lauderdale, MS 39335-9632		
Name of Employer (Required) Ralph Morgan Logging		
Occupation (Required) Owner	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. Hardy Graham	09/23/2014	\$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
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 Randy Sharman	09/23/2014	\$1,000.00
Mailing Address PO Box 1914		
City, State, Zip Code Meridian, MS 39302-1914		
Name of Employer (Required) A&B Electric		
Occupation (Required) President	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Health Care Association PAC	09/04/2014	\$10,000.00
Mailing Address 1076 Highland Colony Parkway Suite 125		
City, State, Zip Code Ridgeland, MS 39157-8831		
Name of Employer (Required)		
Occupation (Required)	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 Mr. A.D. Buffington	09/16/2014	\$250.00
Mailing Address 1007 Country Place Drive		
City, State, Zip Code Pearl, MS 39208-6623		
Name of Employer (Required) Self		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee

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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 Royce Delaney	09/15/2014	\$250.00
Mailing Address 13 Northtown Drive Suite 220		
City, State, Zip Code Jackson, MS 39211-3047		
Name of Employer (Required) Long Term Care Services, LLC		
Occupation (Required) Manager	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 Harold Beebe	09/15/2014	\$500.00
Mailing Address 227 Coachmans Road		
City, State, Zip Code Madison, MS 39110-9208		
Name of Employer (Required) Delco, Inc.		
Occupation (Required) Area III Vice 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 Mr. James Dill Jr.	09/08/2014	\$1,000.00
Mailing Address PO Box 1075		
City, State, Zip Code Dayton, TN 37321-1003		
Name of Employer (Required) Continental Car Club		
Occupation (Required) Executive	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 PhRMA	09/18/2014	\$1,000.00
Mailing Address 950 F Street NW Suite 300		
City, State, Zip Code Washington, DC 20004-1440		
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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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 Trucking Association	09/09/2014	\$1,000.00
Mailing Address 825 N President Street		
City, State, Zip Code Jackson, MS 39202-2561		
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 Newton County Bank	09/08/2014	\$500.00
Mailing Address PO Box 120		
City, State, Zip Code Newton, MS 39345-0120		
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 Dr. W. B. Hopson	11/06/2014	\$1,000.00
Mailing Address 2100 Highway 61 N		
City, State, Zip Code Vicksburg, MS 39183-8211		
Name of Employer (Required) River Region		
Occupation (Required) Doctor	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 Morrison III	11/06/2014	\$500.00
Mailing Address 3330 Indiana Avenue		
City, State, Zip Code Vicksburg, MS 39180-4541		
Name of Employer (Required) Morrison Oil		
Occupation (Required) Owner	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. Dan Fordice	11/06/2014	\$500.00
Mailing Address 2500 Dana Road		
City, State, Zip Code Vicksburg, MS 39180-7372		
Name of Employer (Required) Fordice Construction		
Occupation (Required) Vice 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 Mrs. Robbie W. Hughes	09/09/2014	\$250.00
Mailing Address 4050 Crane Boulevard		
City, State, Zip Code Jackson, MS 39216-3403		
Name of Employer (Required) N/A		
Occupation (Required) Retired	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. Dan Fordice	11/06/2014	\$500.00
Mailing Address 2500 Dana Road		
City, State, Zip Code Vicksburg, MS 39180-7372		
Name of Employer (Required) Fordice Construction		
Occupation (Required) Vice 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 Mr. Harold L. Weess	09/12/2014	\$400.00
Mailing Address PO Box 1953		
City, State, Zip Code Florence, MS 39073-1953		
Name of Employer (Required) Trustmark		
Occupation (Required) Banker	Aggregate Year-to-date	\$650.00

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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 Vicksburg Women's Care, Inc.	11/06/2014	\$1,000.00
Mailing Address 100 Maxwell Drive		
City, State, Zip Code Vicksburg, MS 39180-4476		
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 Dr. Carlos A. Latorre	11/06/2014	\$250.00
Mailing Address 1112 Windy Lake Drive		
City, State, Zip Code Vicksburg, MS 39183-8798		
Name of Employer (Required) River Region		
Occupation (Required) Doctor	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. Bob Provine	09/12/2014	\$250.00
Mailing Address 308 Airport Road		
City, State, Zip Code Greenwood, MS 38930-7702		
Name of Employer (Required) Provine Helicopter Service		
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 Dr. Mike Davis	11/06/2014	\$250.00
Mailing Address 112 Deerfield Drive		
City, State, Zip Code Vicksburg, MS 39180-9185		
Name of Employer (Required) Michael L Davis, MD PA		
Occupation (Required) Physician	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. and Mrs. Ben Walton	09/12/2014	\$250.00
Mailing Address 4109 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6521		
Name of Employer (Required) MAFOP Mississippi, Inc.		
Occupation (Required) Venture Capital	Aggregate Year-to-date	\$250.00

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 Edney Medical Services, Inc.	11/06/2014	\$1,000.00
Mailing Address 118 Carlton Place Drive		
City, State, Zip Code Vicksburg, MS 39180-1821		
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 Terri Hudson	09/09/2014	\$500.00
Mailing Address 214 Winsmere Way		
City, State, Zip Code Ridgeland, MS 39157-9748		
Name of Employer (Required) Millsaps College		
Occupation (Required) Professor	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 Dr. Robert L. Giffin	11/06/2014	\$250.00
Mailing Address 103 Maison Rue		
City, State, Zip Code Vicksburg, MS 39180-5380		
Name of Employer (Required) Mission Primary Care Clinic		
Occupation (Required) Physician	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 The Honorable Giles Ward	09/10/2014	\$500.00
Mailing Address 114 Jordan Circle		
City, State, Zip Code Louisville, MS 39339-7706		
Name of Employer (Required) State of MS		
Occupation (Required) Senator	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MISS Life Under PAC	09/12/2014	\$500.00
Mailing Address 5475 Executive Place		
City, State, Zip Code Jackson, MS 39206-4104		
Name of Employer (Required)		
Occupation (Required)	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 Dr. Scott Hambleton	11/06/2014	\$250.00
Mailing Address 155 Harbor View Drive		
City, State, Zip Code Madison, MS 39110-4750		
Name of Employer (Required) American Society Of Addiction Medicine Inc		
Occupation (Required) Physician	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 Dr. Christopher B Wiggins M.D.	09/12/2014	\$500.00
Mailing Address 3117 Beach Boulevard		
City, State, Zip Code Pascagoula, MS 39567-7502		
Name of Employer (Required) Bienville Orthopaedic		
Occupation (Required) Surgeon	Aggregate Year-to-date	\$750.00

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 Foam Packaging Inc.	11/06/2014	\$500.00
Mailing Address PO Box 1075		
City, State, Zip Code Vicksburg, MS 39181-1075		
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. Joe Stedman	11/06/2014	\$500.00
Mailing Address 101 Gloucester Road		
City, State, Zip Code Natchez, MS 39120-4509		
Name of Employer (Required) Natchez - Crye*Leike Stedman Realtors		
Occupation (Required) Broker	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 Dr. Stephen Sudderth	11/06/2014	\$1,000.00
Mailing Address 116 Carlton Place Drive		
City, State, Zip Code Vicksburg, MS 39180-1821		
Name of Employer (Required) Vicksburg Surgical Associates		
Occupation (Required) Physician	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 Sheila K Jeff	09/22/2014	\$300.00
Mailing Address 805 Leeds Court		
City, State, Zip Code Madison, MS 39110-7336		
Name of Employer (Required) Dr. Sheila K Jeff, MD		
Occupation (Required) Doctor of Family Medicine	Aggregate Year-to-date	\$300.00

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 Mayo Flynt III	09/22/2014	\$500.00
Mailing Address 101 Meadowbrook N		
City, State, Zip Code Jackson, MS 39211-5972		
Name of Employer (Required) AT&T MS		
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 Dr. Thomas E Joiner	11/06/2014	\$500.00
Mailing Address 422 Wimbledon Drive		
City, State, Zip Code Brandon, MS 39047-7339		
Name of Employer (Required) Self		
Occupation (Required) Physician	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 Dr. Hugh Gamble	11/06/2014	\$250.00
Mailing Address 1108 E Gamwyn Park Drive		
City, State, Zip Code Greenville, MS 38701-6389		
Name of Employer (Required) Gamble Brothers and Archer Clinic		
Occupation (Required) Physician	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. Carl Nicholson	09/22/2014	\$6,000.00
Mailing Address PO Box 15099		
City, State, Zip Code Hattiesburg, MS 39404-5099		
Name of Employer (Required) Nicholson & Company, PLLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$6,000.00

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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. Robert Wells	09/22/2014	\$5,000.00
Mailing Address 226 Westfield Road		
City, State, Zip Code Ridgeland, MS 39157-9492		
Name of Employer (Required) Young, Williams		
Occupation (Required) Attorney	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Medical PAC	11/06/2014	\$3,000.00
Mailing Address PO Box 1431		
City, State, Zip Code Ridgeland, MS 39158-1431		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00

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.	09/20/2014	\$1,000.00
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. Robert Crutcher Jr.	12/23/2014	\$500.00
Mailing Address 118 E Capitol Street Suite 1400		
City, State, Zip Code Jackson, MS 39201-2103		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

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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. Tim Ford	12/23/2014	\$1,000.00
Mailing Address PO Box 22587		
City, State, Zip Code Jackson, MS 39225-2587		
Name of Employer (Required) Balch & Bingham		
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>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Young Law Group PLLC	12/23/2014	\$1,000.00
Mailing Address 300 W Capitol Street Suite 200		
City, State, Zip Code Jackson, MS 39203-2704		
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. Arnie Hederman	12/23/2014	\$500.00
Mailing Address 5 Charleston Place		
City, State, Zip Code Jackson, MS 39211-6070		
Name of Employer (Required) Clearwater Group		
Occupation (Required) consultant	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 Centurytel Inc.	12/17/2014	\$250.00
Mailing Address 19475 Kelly Wood Court		
City, State, Zip Code Baton Rouge, LA 70809-6758		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

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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 Priority One Bank	12/19/2014	\$1,000.00
Mailing Address PO Box 516		
City, State, Zip Code Magee, MS 39111-0516		
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 Ms. Gloria G Stricklin	12/19/2014	\$500.00
Mailing Address 12800 Fox Forest Circle		
City, State, Zip Code Oklahoma City, OK 73142-5139		
Name of Employer (Required) G Gail Stricklin Esq		
Occupation (Required) Lawyer	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. Scott Coopwood	12/19/2014	\$250.00
Mailing Address PO Box 117		
City, State, Zip Code Cleveland, MS 38732-0117		
Name of Employer (Required) Delta Business Journal		
Occupation (Required) Publisher & Owner	Aggregate Year-to-date	\$250.00
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 Koch Industries, Inc.	10/29/2014	\$750.00
Mailing Address 450 Laurel Street Suite 1420		
City, State, Zip Code Baton Rouge, LA 70801-1820		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00

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 Swisher International, Inc.	12/09/2014	\$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 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 Capitol Ag Services Inc.	12/03/2014	\$250.00
Mailing Address PO Box 952		
City, State, Zip Code Clinton, MS 39060-0952		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Interest Earnings	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J.P. Morgan Clearing Corp	12/30/2014	\$1,011.01
Mailing Address 3 Chase Metrotech Center		
City, State, Zip Code Brooklyn, NY 11245-0001		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,011.01
Source: <input type="checkbox"/> Corporation <input checked="" 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 Comcast Corporation & NBCUniversal PAC	12/30/2014	\$2,500.00
Mailing Address 1701 John F. Kennedy Boulevard One Comcast Center		
City, State, Zip Code Philadelphia, PA 19103-2833		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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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 Swedish Match North America, Inc.	12/30/2014	\$1,000.00
Mailing Address 1021 E Cary Street Suite 1600		
City, State, Zip Code Richmond, VA 23219-4000		
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) PA	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dukes, Dukes, Keating & Faneca, P.A.	12/29/2014	\$1,000.00
Mailing Address PO Box W		
City, State, Zip Code Gulfport, MS 39502-0680		
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 Celgene Corporation	12/31/2014	\$1,000.00
Mailing Address 86 Morris Avenue		
City, State, Zip Code Summit, NJ 07901-3915		
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. Robert Jacobs	12/31/2014	\$2,500.00
Mailing Address 440 Cedars Of Lebanon Road		
City, State, Zip Code Jackson, MS 39206-3721		
Name of Employer (Required) Jacobs Robert Attorney at Law		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,500.00

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 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. Robert M Holliman	12/30/2014	\$250.00
Mailing Address 1106 S 34th Avenue		
City, State, Zip Code Hattiesburg, MS 39402-3003		
Name of Employer (Required) DeepSouth Resources, LLC		
Occupation (Required) Principal	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. Lex Taylor	12/30/2014	\$2,500.00
Mailing Address 937 W Main Street		
City, State, Zip Code Louisville, MS 39339-9271		
Name of Employer (Required) Taylor Machine Works		
Occupation (Required) Owner	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 Hernando Smiles	12/30/2014	\$1,000.00
Mailing Address 7 E Commerce Street		
City, State, Zip Code Hernando, MS 38632-2215		
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 Mrs. Clare Hester	12/30/2014	\$2,500.00
Mailing Address 575 Johnstone Drive		
City, State, Zip Code Madison, MS 39110-7585		
Name of Employer (Required) Capitol Resources		
Occupation (Required) Partner	Aggregate Year-to-date	\$5,000.00

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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. Michael Freeman	12/30/2014	\$500.00
Mailing Address 29 Monarch Boulevard		
City, State, Zip Code Hattiesburg, MS 39402-7200		
Name of Employer (Required) Ice Contractors		
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 Perry Cartledge	12/30/2014	\$500.00
Mailing Address PO Box 1972		
City, State, Zip Code Jackson, MS 39215-1972		
Name of Employer (Required) Farm Bureau		
Occupation (Required) Governmental Affairs	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. Ted Edwards	12/29/2014	\$500.00
Mailing Address 3 Legare Court		
City, State, Zip Code Clinton, MS 39056-9324		
Name of Employer (Required) Haddox Reid Burkes & Calhoun PLLC		
Occupation (Required) CPA - Member in Charge of Tax Services	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. Mark Jordan	12/29/2014	\$1,000.00
Mailing Address PO Box 328		
City, State, Zip Code Madison, MS 39130-0328		
Name of Employer (Required) Self		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$1,000.00

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 Tindell Investments and Properties, LLC	12/29/2014	\$1,000.00
Mailing Address 20 Mockingbird Lane		
City, State, Zip Code Gulfport, MS 39507-1629		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nucor Steel Recyclers of Mississippi PAC	12/31/2014	\$500.00
Mailing Address 3630 Fourth Street		
City, State, Zip Code Flowood, MS 39232-2000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00
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. William A. Buchanan	12/31/2014	\$500.00
Mailing Address 102 Claiborne Chase		
City, State, Zip Code Ridgeland, MS 39157-9706		
Name of Employer (Required) Vice President		
Occupation (Required) Ross & Yerger	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. Thomas G Hixon	12/31/2014	\$1,000.00
Mailing Address 149 Woodmont Way		
City, State, Zip Code Ridgeland, MS 39157-8615		
Name of Employer (Required) PHOENIX DEVELOPMENT COMPANY, LLC		
Occupation (Required) Principal	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves

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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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Enterprise Holdings, Inc PAC	12/16/2014	\$2,500.00
Mailing Address 600 Corporate Park Drive		
City, State, Zip Code Saint Louis, MO 63105-4204		
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 Mr. Tom C. Harvey	12/18/2014	\$500.00
Mailing Address 2354 Beau Chene		
City, State, Zip Code Biloxi, MS 39532-3134		
Name of Employer (Required) Showboat Buffett, Inc		
Occupation (Required) Director, 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 Mr. Terrell Temple	11/22/2014	\$5,000.00
Mailing Address 9571 Centerhill Martin Road		
City, State, Zip Code Meridian, MS 39305-8979		
Name of Employer (Required) Engineering Plus		
Occupation (Required) Owner	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 checked="" type="checkbox"/> Other (please specify) <u>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Coralbay Two, LP	10/27/2014	\$1,424.50
Mailing Address 149 Concourse Drive		
City, State, Zip Code Pearl, MS 39208-6748		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,424.50

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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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Biloxi Gates LP	10/27/2014	\$1,994.30
Mailing Address 149 Concourse Drive		
City, State, Zip Code Pearl, MS 39208-6748		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,994.30

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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bellemont Gardens LP	10/27/2014	\$534.19
Mailing Address 149 Concourse Drive		
City, State, Zip Code Pearl, MS 39208-6748		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$534.19

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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Columbus Heights Subdivision LP	10/27/2014	\$756.77
Mailing Address 149 Concourse Drive		
City, State, Zip Code Pearl, MS 39208-6748		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$756.77

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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hargrove Partners LP	10/27/2014	\$365.03
Mailing Address 149 Concourse Drive		
City, State, Zip Code Pearl, MS 39208-6748		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$365.03

Name of Candidate or Committee Friends Of Tate Reeves

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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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Oakridge Apartments LP	10/27/2014	\$391.74
Mailing Address 149 Concourse Drive		
City, State, Zip Code Pearl, MS 39208-6748		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$391.74
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Point Place Partners LP	10/27/2014	\$356.12
Mailing Address 149 Concourse Drive		
City, State, Zip Code Pearl, MS 39208-6748		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$356.12
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>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Little Simmons LP	10/27/2014	\$427.35
Mailing Address 149 Concourse Drive		
City, State, Zip Code Pearl, MS 39208-6748		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$427.35
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 Park Development LLC	10/27/2014	\$500.00
Mailing Address 124 One Madison Plaza Suite 1500		
City, State, Zip Code Madison, MS 39110-2021		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

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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 TCCM Development, LLC	10/27/2014	\$750.00
Mailing Address 124 One Madison Plaza Suite 1500		
City, State, Zip Code Madison, MS 39110-2021		
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 Mr. McKie Edmonson	10/27/2014	\$1,000.00
Mailing Address 308 Dunleigh Court		
City, State, Zip Code Madison, MS 39110-6807		
Name of Employer (Required) The Park Companies		
Occupation (Required) Director of Finance and Asset Management	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. Clifton Bates	10/27/2014	\$1,000.00
Mailing Address 124 One Madison Plaza Suite 1500		
City, State, Zip Code Madison, MS 39110-2021		
Name of Employer (Required) The Park Companies		
Occupation (Required) Director of Operations	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. Mark Wilson	10/27/2014	\$1,000.00
Mailing Address 128 Green Glades		
City, State, Zip Code Ridgeland, MS 39157-8662		
Name of Employer (Required) The Park Companies		
Occupation (Required) CFO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

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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. Chip Triplett	10/27/2014	\$1,000.00
Mailing Address 2 Bridgmont Lane		
City, State, Zip Code Ridgeland, MS 39157-8685		
Name of Employer (Required) Park Development		
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 Mr. J. H. Thames Jr.	10/27/2014	\$1,000.00
Mailing Address 124 One Madison Plaza Suite 1500		
City, State, Zip Code Madison, MS 39110-2021		
Name of Employer (Required) The Park Companies		
Occupation (Required) CEO	Aggregate Year-to-date	\$3,500.00
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. C W Chapman	10/27/2014	\$1,000.00
Mailing Address PO Box 550		
City, State, Zip Code Oxford, MS 38655-0550		
Name of Employer (Required) Levee Housing li, Inc.		
Occupation (Required) Director, President	Aggregate Year-to-date	\$1,500.00
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 Cornerstone Capital Corporation	10/27/2014	\$500.00
Mailing Address PO Box 550		
City, State, Zip Code Oxford, MS 38655-0550		
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 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>Bolivar Estates, LLC</u>	10/28/2014	\$500.00
Mailing Address <u>PO Box 349</u>		
City, State, Zip Code <u>Oxford, MS 38655-0349</u>		
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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Williamsburg Estates II, LLC</u>	10/28/2014	\$500.00
Mailing Address <u>PO Box 349</u>		
City, State, Zip Code <u>Oxford, MS 38655-0349</u>		
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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Grove Apartments LLC</u>	10/28/2014	\$500.00
Mailing Address <u>PO Box 349</u>		
City, State, Zip Code <u>Oxford, MS 38655-0349</u>		
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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Burketts Creek LLC</u>	10/28/2014	\$1,000.00
Mailing Address <u>PO Box 349</u>		
City, State, Zip Code <u>Oxford, MS 38655-0349</u>		
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 University Parkway, LLC	10/28/2014	\$500.00
Mailing Address PO Box 550		
City, State, Zip Code Oxford, MS 38655-0550		
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 checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Burketts II, LLC	10/28/2014	\$350.00
Mailing Address PO Box 349		
City, State, Zip Code Oxford, MS 38655-0349		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$350.00

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 Academy Heights II, LLC	10/28/2014	\$500.00
Mailing Address PO Box 349		
City, State, Zip Code Oxford, MS 38655-0349		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Coalition For Progress	11/01/2014	\$60,000.00
Mailing Address PO Box 320925		
City, State, Zip Code Flowood, MS 39232-0925		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$61,500.00

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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. Jim Sneed	10/07/2014	\$1,000.00
Mailing Address 1121 Bienville Street		
City, State, Zip Code Tupelo, MS 38801-2403		
Name of Employer (Required) Self		
Occupation (Required) Furniture	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 Adkerson	10/21/2014	\$4,000.00
Mailing Address 333 N Central Avenue		
City, State, Zip Code Phoenix, AZ 85004-2121		
Name of Employer (Required) Freeport-McMoRan Copper & Gold, Inc.		
Occupation (Required) President and CEO	Aggregate Year-to-date	\$4,000.00
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 Copeland & Johns, Inc.	10/16/2014	\$2,500.00
Mailing Address 4830 South Drive		
City, State, Zip Code Jackson, MS 39209-3701		
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 James A Ogden	10/30/2014	\$5,000.00
Mailing Address 500 E Capitol Street Suite 3		
City, State, Zip Code Jackson, MS 39201-2703		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$5,000.00

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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>Political Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rankin County Republican Executive Committee	09/30/2014	\$1,000.00
Mailing Address 4 River Bend Place Suite 110		
City, State, Zip Code Flowood, MS 39232-9710		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The GlaxoSmithKline PAC	10/22/2014	\$500.00
Mailing Address 5 Moore Drive		
City, State, Zip Code Research Triangle Park, NC 27709-0143		
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. Stephen Oseman	10/30/2014	\$1,000.00
Mailing Address 8613 Beaverwood Drive		
City, State, Zip Code Germantown, TN 38138-7740		
Name of Employer (Required) Oseman Insurance Agency		
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 Altria	10/20/2014	\$1,000.00
Mailing Address PO Box 85088		
City, State, Zip Code Richmond, VA 23285-5088		
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 Advance America	10/24/2014	\$1,000.00
Mailing Address 2000 Stokes Lane		
City, State, Zip Code Nashville, TN 37215-1520		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Air Methods Corporation PAC	09/25/2014	\$1,000.00
Mailing Address 1550 Larimer Street Suite 229		
City, State, Zip Code Denver, CO 80202-1602		
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 Thompson Engineering Inc.	09/17/2014	\$1,000.00
Mailing Address 2970 Cottage Hill Road Suite 190		
City, State, Zip Code Mobile, AL 36606-4749		
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 C. Morrow	04/07/2014	\$500.00
Mailing Address 597 Greenbriar Drive		
City, State, Zip Code Columbus, MS 39705-1454		
Name of Employer (Required) Pryor and Morrow		
Occupation (Required) Principal Architect	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 General Electric	10/02/2014	\$1,000.00
Mailing Address 1299 Pennsylvania Avenue NW Suite 900		
City, State, Zip Code Washington, DC 20004-2414		
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>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name EMS Management LLC	10/06/2014	\$1,000.00
Mailing Address 6200 S Syracuse Way Suite 200		
City, State, Zip Code Greenwood Village, CO 80111-4739		
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 B&B Concrete Company	09/09/2014	\$500.00
Mailing Address PO Box 407		
City, State, Zip Code Tupelo, MS 38802-0407		
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 Johnny Maloney	09/11/2014	\$500.00
Mailing Address 505 Roses Bluff Drive		
City, State, Zip Code Madison, MS 39110-7545		
Name of Employer (Required) Moose, Inc		
Occupation (Required) President, Treasurer, Director	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 <u>Ambassador John N. Palmer</u>	09/10/2014	\$1,000.00
Mailing Address <u>PO Box 3747</u>		
City, State, Zip Code <u>Jackson, MS 39207-3747</u>		
Name of Employer (Required) <u>GulfSouth Capital</u>		
Occupation (Required) <u>Chairman</u>	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 <u>Julius Ridgeway</u>	09/10/2014	\$1,000.00
Mailing Address <u>P.O. Box 195</u>		
City, State, Zip Code <u>Ridgeland, MS 39158</u>		
Name of Employer (Required) <u>Ridgway & York LLC</u>		
Occupation (Required) <u>Manager</u>	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 <u>Mrs. Jackie Edwards</u>	09/09/2014	\$1,000.00
Mailing Address <u>940 E Broad Street</u>		
City, State, Zip Code <u>West Point, MS 39773-3234</u>		
Name of Employer (Required) <u>MS Dept. of Health</u>		
Occupation (Required) <u>Executive Director</u>	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 <u>Mr. Aubrey Patterson</u>	09/09/2014	\$1,000.00
Mailing Address <u>PO Box 789</u>		
City, State, Zip Code <u>Tupelo, MS 38802-0789</u>		
Name of Employer (Required) <u>Bancorpsouth</u>		
Occupation (Required) <u>President/CEO</u>	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 Jamie L. Ward	09/22/2014	\$500.00
Mailing Address 1667 Lelia Drive		
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required) Coker & Palmer		
Occupation (Required) Financial Advisor	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Pharmacists Association PAC	09/22/2014	\$10,000.00
Mailing Address 341 Edgewood Terrace Drive		
City, State, Zip Code Jackson, MS 39206-6217		
Name of Employer (Required)		
Occupation (Required)	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 Mr. Alan Wilson	09/22/2014	\$500.00
Mailing Address 4000 Lakeland Drive		
City, State, Zip Code Jackson, MS 39232-8891		
Name of Employer (Required) Howard Wilson Chrysler Jeep Dodge		
Occupation (Required) Car Dealer	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 The Hon. Haley Barbour	09/11/2014	\$1,000.00
Mailing Address 648 Dogwood Drive		
City, State, Zip Code Yazoo City, MS 39194-8205		
Name of Employer (Required) Butler Snow		
Occupation (Required) Consultant	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 NGV Solutions, LLC	09/11/2014	\$1,000.00
Mailing Address PO Box 9998		
City, State, Zip Code Jackson, MS 39286-0998		
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 Regions	09/08/2014	\$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 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 Got Waste?	09/16/2014	\$500.00
Mailing Address PO Box 267		
City, State, Zip Code Flora, MS 39071-0267		
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. David McRae	09/15/2014	\$1,000.00
Mailing Address 152 Green Glades		
City, State, Zip Code Ridgeland, MS 39157-8662		
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 checked="" 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 ENPAC Mississippi	09/09/2014	\$1,500.00
Mailing Address PO Box 1640		
City, State, Zip Code Jackson, MS 39215-1640		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
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 Douglas M Wright	08/11/2014	\$1,000.00
Mailing Address PO Box 3667		
City, State, Zip Code Tupelo, MS 38803-3667		
Name of Employer (Required) Community Eldercare Services		
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 Mr. Manny Mitchell	09/15/2014	\$1,000.00
Mailing Address 701 Beechwood Drive		
City, State, Zip Code Meridian, MS 39305-2849		
Name of Employer (Required) Mitchell Distributing		
Occupation (Required) CEO	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 The Blain Companies	09/12/2014	\$500.00
Mailing Address PO Box 1208		
City, State, Zip Code Mount Olive, MS 39119-1208		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

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 <u>Coca-Cola Bottling Co. Consolidated</u>	09/12/2014	\$1,000.00
Mailing Address <u>PO Box 31371</u>		
City, State, Zip Code <u>Charlotte, NC 28231-1371</u>		
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 <u>Joe McGee Construction Co. Inc.</u>	09/15/2014	\$1,000.00
Mailing Address <u>PO Box 340</u>		
City, State, Zip Code <u>Lake, MS 39092-0340</u>		
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 <u>Mr. Joe McGee</u>	09/15/2014	\$1,000.00
Mailing Address <u>467 Old Sawmill Road</u>		
City, State, Zip Code <u>Lake, MS 39092-9092</u>		
Name of Employer (Required) <u>Joe McGee Construction</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$6,000.00

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 <u>Mr. Joe McGee</u>	09/15/2014	\$4,000.00
Mailing Address <u>467 Old Sawmill Road</u>		
City, State, Zip Code <u>Lake, MS 39092-9092</u>		
Name of Employer (Required) <u>Joe McGee Construction</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$6,000.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

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 Simmons Erosion Control, Inc.	09/15/2014	\$1,000.00
Mailing Address PO Box 206		
City, State, Zip Code Lake, MS 39092-0206		
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 Ms. Jennifere M. Simmons	09/15/2014	\$4,000.00
Mailing Address P.O. Pox 206		
City, State, Zip Code Lake, MS 39092		
Name of Employer (Required) Simmons Erosion Control, Inc.		
Occupation (Required) Owner	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nucor Steel Recyclers of Mississippi PAC	09/12/2014	\$2,500.00
Mailing Address 3630 Fourth Street		
City, State, Zip Code Flowood, MS 39232-2000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00
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. J. H. Thames Jr.	09/12/2014	\$2,500.00
Mailing Address 124 One Madison Plaza Suite 1500		
City, State, Zip Code Madison, MS 39110-2021		
Name of Employer (Required) The Park Companies		
Occupation (Required) CEO	Aggregate Year-to-date	\$3,500.00

Name of Candidate or Committee

Friends Of Tate Reeves

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through 12/31/2014

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 Dan R Brouillette	12/30/2014	\$1,000.00
Mailing Address 111 Rock Squirrel		
City, State, Zip Code Shavano Park, TX 78231-1435		
Name of Employer (Required) USAA		
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) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Payne Group LLC	12/31/2014	\$2,500.00
Mailing Address 101 47th Street		
City, State, Zip Code Gulfport, MS 39507-4310		
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 Dr. Kirk Kinard	03/11/2014	\$1,000.00
Mailing Address 3710 Lyles Drive		
City, State, Zip Code Oxford, MS 38655		
Name of Employer (Required) MidSouth Pain Treatment Center		
Occupation (Required) Doctor	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. Jeffery B Belk	05/11/2014	\$1,000.00
Mailing Address 21481 Old River Road		
City, State, Zip Code Vanceleave, MS 39565-8922		
Name of Employer (Required) Chevron		
Occupation (Required) manager	Aggregate Year-to-date	\$1,500.00

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 <u>Havard Pest Control, Inc.</u>	12/09/2014	\$1,000.00
Mailing Address <u>PO Box 447</u>		
City, State, Zip Code <u>Hattiesburg, MS 39403-0447</u>		
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 <u>Marie Sanderson</u>	10/13/2014	\$500.00
Mailing Address <u>312 Washington Avenue</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-4628</u>		
Name of Employer (Required) <u>RGA</u>		
Occupation (Required) <u>Policy Director</u>	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 <u>Marsha Peters</u>	10/13/2014	\$250.00
Mailing Address <u>567 Cowart Street</u>		
City, State, Zip Code <u>Lucedale, MS 39452</u>		
Name of Employer (Required) <u>Jack's Home Improvement</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$250.00

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>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pediatric Dental Group of Hattiesburg PLLC</u>	12/03/2014	\$500.00
Mailing Address <u>6643 Highway 98</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402</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 type="checkbox"/> Corporation <input checked="" 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 RSLC - Mississippi PAC	12/17/2014	\$100,000.00
Mailing Address 1201 F Street NW Suite 675		
City, State, Zip Code Washington, DC 20004-1218		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$100,000.00

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. Victor Walsh	10/02/2014	\$1,000.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3939		
Name of Employer (Required) Millette Administrators		
Occupation (Required) TPA	Aggregate Year-to-date	\$1,250.00

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 Peter Marks	10/08/2014	\$500.00
Mailing Address 420 Saint Andrews Drive		
City, State, Zip Code Jackson, MS 39211-2511		
Name of Employer (Required) Maris, West & Baker		
Occupation (Required) Advertising	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denbury Resources PAC	09/21/2014	\$9,000.00
Mailing Address 5320 Legacy Drive		
City, State, Zip Code Plano, TX 75024-3127		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$9,000.00

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 Republic Finance , LLC	08/12/2014	\$5,000.00
Mailing Address PO Box 15429		
City, State, Zip Code Baton Rouge, LA 70895-5429		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
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 Phillips Contracting Company Inc.	11/25/2014	\$1,000.00
Mailing Address PO Box 2069		
City, State, Zip Code Columbus, MS 39704-2069		
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Asphalt Contractor PAC	08/27/2014	\$2,500.00
Mailing Address 711 N President Street		
City, State, Zip Code Jackson, MS 39202-3002		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
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>Political Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry C Burton For Senate Campaign	09/18/2014	\$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 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 Worth Thomas Consultants	09/09/2014	\$1,000.00
Mailing Address PO Box 774		
City, State, Zip Code Jackson, MS 39205-0774		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$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 Senator Willie Simmons	09/15/2014	\$500.00
Mailing Address PO Box 891		
City, State, Zip Code Cleveland, MS 38732-0891		
Name of Employer (Required) Self		
Occupation (Required) Restaurant Owner	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. C W Chapman	10/28/2014	\$500.00
Mailing Address PO Box 550		
City, State, Zip Code Oxford, MS 38655-0550		
Name of Employer (Required) Levee Housing li, Inc.		
Occupation (Required) Director, President	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> <i>11-Kind</i>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cypress Capital LLC	12/11/2014	\$5,194.00
Mailing Address 605 Crescent Boulevard Suite 200		
City, State, Zip Code Ridgeland, MS 39157-8659		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,194.00

Name of Candidate or Committee

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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) <u>IN-kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Robert Mcinnis	10/09/2014	\$1,027.50
Mailing Address 115 Lake Estates Drive		
City, State, Zip Code Hattiesburg, MS 39402-9688		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,027.50

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>IN-kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Terry Reeves	10/08/2014	\$802.50
Mailing Address PO Box 6276		
City, State, Zip Code Pearl, MS 39288-6276		
Name of Employer (Required) Climate Masters		
Occupation (Required) Owner	Aggregate Year-to-date	\$802.50

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 IN-kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephens Printing, LLC	12/08/2014	\$500.00
Mailing Address 642 Highway 469 S		
City, State, Zip Code Florence, MS 39073-9064		
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) <u>IN-kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Ronald McClain	12/08/2014	\$674.10
Mailing Address 345 Fannin Landing Circle		
City, State, Zip Code Brandon, MS 39047-9381		
Name of Employer (Required) McLain Vaughn and Partners		
Occupation (Required) CEO	Aggregate Year-to-date	\$674.10

Name of Candidate or Committee

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12/31/2014

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) <u>In-Kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Timothy Parkman	12/17/2014	\$3,250.00
Mailing Address PO Box 2220		
City, State, Zip Code Clinton, MS 39060-2220		
Name of Employer (Required) TPI Insurance		
Occupation (Required) President	Aggregate Year-to-date	\$3,250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>In-Kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben Stone	12/17/2014	\$310.56
Mailing Address PO Box 130		
City, State, Zip Code Gulfport, MS 39502-0130		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$310.56

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>In-Kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Ted Riemann	12/17/2014	\$250.00
Mailing Address 2320 14th Street Suite 301		
City, State, Zip Code Gulfport, MS 39501-2007		
Name of Employer (Required) Prime Time Agency, LLC		
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) <u>In-Kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. Windy Swetman	12/18/2014	\$250.00
Mailing Address 7834 Rushing Oaks Drive		
City, State, Zip Code Biloxi, MS 39532-8385		
Name of Employer (Required) Swetman Security		
Occupation (Required) Owner	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) <u>In-Kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr J D Price III	12/18/2014	\$250.00
Mailing Address 16 51st Street		
City, State, Zip Code Gulfport, MS 39507-4430		
Name of Employer (Required) Coca-Cola Bottling Co		
Occupation (Required) Cold Marketing Manager	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) <u>In-Kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Bordeaux	12/18/2014	\$1,000.00
Mailing Address 11633 Bluff Lane		
City, State, Zip Code Gulfport, MS 39503-6150		
Name of Employer (Required) Stewart Sneed Hewes		
Occupation (Required) insurance	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>In-Kind</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name TMS PAC	12/16/2014	\$1,400.00
Mailing Address 513 N State Street		
City, State, Zip Code Jackson, MS 39201-1110		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,400.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	01/24/2014	\$174.75
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Jackson New Media, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 55914	01/24/2014	\$500.00
City, State, Zip Code	Jackson, MS 39296-5914		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$500.00
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	01/27/2014	\$83.14
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$914.54
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	02/01/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	02/12/2014	\$150.24
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Madison County Republican Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 2201	02/17/2014	\$800.00
City, State, Zip Code	Ridgeland, MS 39158-2201		
Purpose of Disbursement (Optional) Event Sponsorship		Aggregate Year-to-date	\$800.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	02/18/2014	\$83.14
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$914.54
Full Name	TV Eyes, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2150 Post Road	03/04/2014	\$3,600.00
City, State, Zip Code	Fairfield, CT 06824-5669		
Purpose of Disbursement (Optional) Communication Services		Aggregate Year-to-date	\$3,600.00
Full Name	Geiger MPI	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 712144	03/07/2014	\$557.43
City, State, Zip Code	Cincinnati, OH 45271-0001		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$557.43
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	03/11/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	200 Pennsylvania Ave. SE	03/18/2014	\$7,700.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement (Optional) Campaign Software		Aggregate Year-to-date	\$7,700.00
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Highway 469 S	03/24/2014	\$329.56
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$1,182.66

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	03/26/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00
Full Name	Dixie National Sale of Junior Champions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 9815	04/05/2014	\$1,000.00
City, State, Zip Code	Mississippi State, MS 39762-9815		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$1,000.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	04/21/2014	\$80.63
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	04/21/2014	\$317.16
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	04/22/2014	\$166.28
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$914.54
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	04/29/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	05/01/2014	\$66.00
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Reimbursement-supplies		Aggregate Year-to-date	\$9,990.34
Full Name	Connect Strategic Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1910 Pacific Avenue Suite 5050	05/01/2014	\$1,338.00
City, State, Zip Code	Dallas, TX 75201-4561		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$9,024.89
Full Name	Connect Strategic Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1910 Pacific Avenue Suite 5050	05/05/2014	\$669.00
City, State, Zip Code	Dallas, TX 75201-4561		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$9,024.89
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/18/2014	\$850.19
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	05/18/2014	\$768.70
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	06/01/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Connect Strategic Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1910 Pacific Avenue Suite 5050	06/02/2014	\$4,086.89
City, State, Zip Code	Dallas, TX 75201-4561		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$9,024.89
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	06/16/2014	\$198.87
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	07/01/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	07/20/2014	\$139.79
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Neshoba County Fair	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	16800 Highway 21 S	07/24/2014	\$435.00
City, State, Zip Code	Philadelphia, MS 39350-7721		
Purpose of Disbursement (Optional) Event Expense		Aggregate Year-to-date	\$435.00
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	08/01/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Highway 469 S	08/01/2014	\$353.10
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$1,182.66
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	08/10/2014	\$83.14
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$914.54
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	08/18/2014	\$1,465.41
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	08/18/2014	\$1,653.96
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	09/01/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	09/13/2014	\$83.14
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$914.54

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Connect Strategic Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1910 Pacific Avenue Suite 5050	09/13/2014	\$2,262.00
City, State, Zip Code	Dallas, TX 75201-4561		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$9,024.89
Full Name	On Message, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2130 Priest Bridge Drive Suite 11	09/15/2014	\$34,205.00
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$34,205.00
Full Name	Majority Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	135 Professional Drive Suite 104	09/15/2014	\$4,456.25
City, State, Zip Code	Ponte Vedra Beach, FL 32082-6277		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$4,456.25
Full Name	Bravo! Italian Restaurant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4500 I 55 N	09/15/2014	\$6,183.45
City, State, Zip Code	Jackson, MS 39211-5930		
Purpose of Disbursement (Optional) Event Expense-Food & Beverage		Aggregate Year-to-date	\$6,183.45
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	09/22/2014	\$53.30
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	09/22/2014	\$1,225.92
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	09/22/2014	\$166.28
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$914.54
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	10/01/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00
Full Name	Connect Strategic Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1910 Pacific Avenue Suite 5050	10/01/2014	\$669.00
City, State, Zip Code	Dallas, TX 75201-4561		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$9,024.89
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	10/01/2014	\$1,000.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Rent		Aggregate Year-to-date	\$28,500.00
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	10/21/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	10/27/2014	\$83.14
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$914.54

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	10/27/2014	\$448.12
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	10/27/2014	\$280.30
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	10/27/2014	\$591.00
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$9,990.34
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	10/27/2014	\$2,166.67
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$9,990.34
Full Name	Triumph Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 12243	11/11/2014	\$2,500.00
City, State, Zip Code	Jackson, MS 39236-2243		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$28,500.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	11/11/2014	\$1,230.02
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	11/11/2014	\$395.99
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	11/15/2014	\$2,166.67
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$9,990.34
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	11/21/2014	\$83.14
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$914.54
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	12/01/2014	\$2,500.00
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$9,990.34
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	12/11/2014	\$10.00
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	12/11/2014	\$85.00
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$9,528.35

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	158 Mason Way	12/15/2014	\$2,500.00
City, State, Zip Code	Madison, MS 39110-6816		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$9,990.34
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	12/27/2014	\$83.14
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) IT Services		Aggregate Year-to-date	\$914.54
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2300 Clarendon Boulevard Suite 800	04/05/2014	\$850.00
City, State, Zip Code	Arlington, VA 22201-3382		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$2,600.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2300 Clarendon Boulevard Suite 800	05/01/2014	\$350.00
City, State, Zip Code	Arlington, VA 22201-3382		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$2,600.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2300 Clarendon Boulevard Suite 800	06/17/2014	\$350.00
City, State, Zip Code	Arlington, VA 22201-3382		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$2,600.00
Full Name	Studio Chane	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2906 N State Street Suite 103	07/25/2014	\$1,365.12
City, State, Zip Code	Jackson, MS 39216-4229		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$1,365.12

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	J.Walter Michel Agency, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	08/01/2014	\$1,000.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Space		Aggregate Year-to-date	\$4,000.00
Full Name	Chris Todd Photography	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	100 Beaver Creek Drive	08/01/2014	\$850.00
City, State, Zip Code	Ridgeland, MS 39157-2105		
Purpose of Disbursement (Optional) Photography		Aggregate Year-to-date	\$850.00
Full Name	Pearl River Resort	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 6048	08/07/2014	\$1,575.24
City, State, Zip Code	Choctaw, MS 39350-6048		
Purpose of Disbursement (Optional) Leadership Event		Aggregate Year-to-date	\$1,575.24
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2300 Clarendon Boulevard Suite 800	08/18/2014	\$700.00
City, State, Zip Code	Arlington, VA 22201-3382		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$2,600.00
Full Name	J.Walter Michel Agency, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	09/01/2014	\$1,000.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Space		Aggregate Year-to-date	\$4,000.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2300 Clarendon Boulevard Suite 800	09/13/2014	\$350.00
City, State, Zip Code	Arlington, VA 22201-3382		
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$2,600.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Tim Griffin for Lt. Governor Arkansas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 7546	09/19/2014	\$2,000.00
City, State, Zip Code	Little Rock, AR 72217-7546		
Purpose of Disbursement (Optional) Political Donation		Aggregate Year-to-date	\$2,000.00
Full Name	R. J. Young	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2030 NW Progress Parkway	10/27/2014	\$241.38
City, State, Zip Code	Jackson, MS 39213-8302		
Purpose of Disbursement (Optional) Office Equipment		Aggregate Year-to-date	\$241.38
Full Name	J.Walter Michel Agency, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	11/01/2014	\$1,000.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Space		Aggregate Year-to-date	\$4,000.00
Full Name	Girl Scouts of Greater Mississippi	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1471 W County Line Road	11/10/2014	\$1,500.00
City, State, Zip Code	Jackson, MS 39213-7842		
Purpose of Disbursement (Optional) Charity Donation		Aggregate Year-to-date	\$1,500.00
Full Name	J.Walter Michel Agency, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2660 Ridgewood Road Suite 101	12/01/2014	\$1,000.00
City, State, Zip Code	Jackson, MS 39216-4921		
Purpose of Disbursement (Optional) Office Space		Aggregate Year-to-date	\$4,000.00
Full Name	ASAP Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2801 Layfair Drive	12/05/2014	\$346.43
City, State, Zip Code	Flowood, MS 39232-9501		
Purpose of Disbursement (Optional) Printing		Aggregate Year-to-date	\$346.43

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	11/21/2014	\$2,000.00
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$6,000.00
Full Name	Mr. James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4830 15th Street	12/04/2014	\$4,000.00
City, State, Zip Code	Meridian, MS 39307-5440		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$6,000.00
Full Name	Frank Bordeaux	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11633 Bluff Lane	12/18/2014	\$1,000.00
City, State, Zip Code	Gulfport, MS 39503-6150		
Purpose of Disbursement (Optional) Food and Beverage	<i>IN-kind</i>	Aggregate Year-to-date	\$1,000.00
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Highway 469 S	12/08/2014	\$500.00
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing	<i>IN-kind</i>	Aggregate Year-to-date	\$1,182.66
Full Name	Mr. Ronald McClain	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	345 Fannin Landing Circle	12/08/2014	\$674.10
City, State, Zip Code	Brandon, MS 39047-9381		
Purpose of Disbursement (Optional) Food and Beverage	<i>IN-kind</i>	Aggregate Year-to-date	\$674.10
Full Name	Mr. Timothy Parkman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 2220	12/17/2014	\$3,250.00
City, State, Zip Code	Clinton, MS 39060-2220		
Purpose of Disbursement (Optional) Food and Beverage	<i>IN-kind</i>	Aggregate Year-to-date	\$3,250.00

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Ben Stone	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 130	12/18/2014	\$310.56
City, State, Zip Code	Gulfport, MS 39502-0130		
Purpose of Disbursement (Optional) Food and Beverage	IN-kind	Aggregate Year-to-date	\$310.56
Full Name	Mr. Ted Riemann	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2320 14th Street Suite 301	12/18/2014	\$250.00
City, State, Zip Code	Gulfport, MS 39501-2007		
Purpose of Disbursement (Optional) Decorations	IN-kind	Aggregate Year-to-date	\$250.00
Full Name	Mr. Windy Swetman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7834 Rushing Oaks Drive	12/18/2014	\$250.00
City, State, Zip Code	Biloxi, MS 39532-8385		
Purpose of Disbursement (Optional) Security	IN-kind	Aggregate Year-to-date	\$250.00
Full Name	Mr J D Price III	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	16 51st Street	12/18/2014	\$250.00
City, State, Zip Code	Gulfport, MS 39507-4430		
Purpose of Disbursement (Optional) Food and Beverage	IN-kind	Aggregate Year-to-date	\$250.00
Full Name	Mr. Terry Reeves	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 6276	10/08/2014	\$802.50
City, State, Zip Code	Pearl, MS 39288-6276		
Purpose of Disbursement (Optional) Food and Beverage	IN-kind	Aggregate Year-to-date	\$802.50
Full Name	Mr. Robert Mcinnis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	115 Lake Estates Drive	10/09/2014	\$1,027.50
City, State, Zip Code	Hattiesburg, MS 39402-9688		
Purpose of Disbursement (Optional) Food and Beverage	IN-kind	Aggregate Year-to-date	\$1,027.50

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2014 through 12/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Cypress Capital LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	605 Crescent Boulevard Suite 200	10/08/2014	\$5,194.00
City, State, Zip Code	Ridgeland, MS 39157-8659		
Purpose of Disbursement (Optional) Food and Beverage	IN-kind	Aggregate Year-to-date	\$5,194.00
Full Name	TMS PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	513 N State Street	12/16/2014	\$1,400.00
City, State, Zip Code	Jackson, MS 39201-1110		
Purpose of Disbursement (Optional) Food and Beverage	IN-kind	Aggregate Year-to-date	\$1,400.00